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FM 8-5

WAR DEPARTMENT FIELD MANUAL

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MEDICAL DEPARTMENT FOR MEDICAL DEPT UNITS OF A THEATER OF OPERATIONS

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WAR DEPARTMENT

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MAY 1945

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MEDICAL DEPARTMENT
UNITS OF A THEATER OF
OPERATIONS



WAR DEPARTMENT

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CHAPTER 1

INTRODUCTION

1. PURPOSE. The purpose of this manual is to provide information on the organization, functions, administration, and internal activities of those Medical Department units operating in the theater of operations.

2. SCOPE. The scope of the manual includes only the internal features and characteristics of Medical Department units in the theater of operations. Tactical employment of these Medical Department units is not included in this manual, but will be found in FM 8-10.

3. MEDICAL DEPARTMENT. a. Status. The Army of the United States is composed of the Army Ground Forces (Infantry, Armored Force, Artillery, etc.), Army Air Forces, and Army Service Forces. The commanding generals of the major forces, commands, departments, or theaters are responsible for the internal organization and the efficient operation of the medical service of their respective commands. One of the components of the Army Service Forces is the Medical Department headed by The Surgeon General who is the chief medical officer of the Army and the chief medical advisor to the Chief of Staff and the War Department. The major functions of The Surgeon General are to—

(1) Make recommendations to the Chief of Staff and the War Department General and Special Staffs on matters pertaining to the health of the Army including recommendations relative to the utilization of medical facilities, equipment, and personnel.

(2) Prepare for publication War Department directives containing general policies and technical procedures

which have an Army-wide application to matters pertaining to the health of the Army.

(3) Exercise technical staff supervision, to assure greatest possible utilization of the medical means available.

(4) Make technical inspections relative to matters pertaining to the health of the Army.

b. General organization. The Medical Department of the Army of the United States consists of The Surgeon General, his staff, enlisted men of the Medical Department, and a number of component corps including the Medical Corps, Dental Corps, Veterinary Corps, Sanitary Corps, Medical Administrative Corps, Pharmacy Corps, Army Nurse Corps, hospital dietitians, and physical therapists. There are also certain civilian physicians known as contract surgeons.

c. Administrative control. (1) *Medical Department channels* are those channels of communication and control the individual links of which are the surgeons of successive administrative echelons, such as from the regimental surgeon to the division surgeon to the army surgeon, and in reverse order. All purely technical matters which involve no command responsibility are administered through Medical Department channels. Examples of such matters are the technical reports of sick and wounded, correspondence and instructions relating to medical and surgical technique, and returns of hospital funds.

(2) *Command channels* follow the several echelons of command authority and responsibility. Recommendations are made by the surgeon to his commander, who determines appropriate action and further recommends this action to higher commanders, or issues orders to lower commanders as may be indicated. All matters which involve command functions or responsibilities are administered through command channels, and whenever any doubt exists as to the proper channel, the command channel should be selected. Examples of matters administered through command channels are sanitation, personnel reports, supply (except when direct communi-

cation with depots is authorized), and all matters involving the status of Medical Department personnel.

(3) *The Surgeon General* exercises technical supervision through Medical Department channels over all medical service of the Army of the United States, but his command control is limited to The Surgeon General's Office, the Army Medical Center, the Medical Field Service School, medical supply depots, and certain other activities currently designated by the War Department. *The Ground Surgeon* exercises technical supervision over all medical service of the Army Ground Forces and *the Air Surgeon* exercises technical supervision over medical service of the Army Air Forces.

(4) Surgeons of territorial commands, such as of service commands and departments, exercise technical supervision over all medical service pertaining to their respective commands but exercise command control only over their own offices and those medical agencies designated by the commanding generals of the service commands or departments.

4. ECHELONS OF FIELD MEDICAL SERVICE. The medical service is divided into five functional echelons. These medical echelons correspond to the echelons of general administrative responsibility but do not necessarily follow the chain of tactical command; for example, the army may include as many as three echelons of medical service.

a. First echelon (organic or attached). (1) First echelon medical service is provided by attached medical personnel, collectively known as the medical detachment. It is furnished to every unit of the size of a battalion or larger, of every arm and service (except medical), whether such unit is an element of a division, corps, army, or theater, or whether it is a separate command not a part of a larger tactical or administrative unit. Companies of these units obtain first echelon medical service by the attachment to them of one or more enlisted men from the unit medical detachment.

(2) First echelon veterinary service is that rendered by the veterinary sections of unit medical detachments.

b. Second echelon (division). (1) Second echelon medical service consists of collecting casualties from the dispensaries or aid stations operated by the first echelon, rendering emergency treatment in collecting stations, and evacuating the casualties to one or more clearing stations for further emergency treatment. Here they await removal by the third echelon medical service.

(2) Second echelon veterinary service corresponds generally to second echelon medical service. However, the veterinary service does not establish collecting stations. Animal casualties are evacuated directly from first echelon installations to the clearing station or similar installation of second echelon units. Also, in some instances, second and third echelon functions are discharged by a single unit, but such a combination of functions should not be permitted to obscure the sharp distinction between the two.

d. Third echelon (army). (1) Third echelon medical service consists of evacuating casualties from clearing stations to army hospitals and there providing definitive treatment. Third echelon medical service is a function of army.

(2) Third echelon veterinary service is a function of army. This service is accomplished by the veterinary company, separate, and usually consists only of the transportation of animal casualties. However, this unit is responsible for the treatment of the casualties while they are being evacuated.

e. Fourth echelon (communications zone). (1) Fourth echelon medical service comprises the transfer of evacuees from army hospitals to and their hospitalization at the numbered general hospitals of the communications zone. It is a function of the medical service of the communications zone.

(2) Fourth echelon veterinary service consists of the hospitalization of animals in veterinary evacuation hospitals.

f. Fifth echelon (zone of interior). (1) Further evacuation of casualties to the zone of the interior and their care and treatment in named general hospitals constitute a fifth echelon of medical service, and is a function of the medical service of the zone of interior.

(2) A fifth echelon of veterinary service *is not designated* since animal casualties will not be sent to the zone of the interior. Care and treatment of animals in general and convalescent hospitals (which are located in the communications zone or near areas of combat zone) does not constitute a numbered echelon of veterinary service.

g. Territorial commands. The medical service of troops serving or stations in rear of the combat zone is similarly divided except that the functions of two or more echelons are frequently performed by one medical unit (as station hospital). Casualties among air force medical personnel are taken directly to hospitals since air force installations are generally placed within the area of third echelon ground force medical service.

5. OPERATIONS. a. Responsibility. Efficient operation of the medical service is a function of command. Medical units are assigned or attached to units of other arms and services to enable commanders to carry out this responsibility. The general plan for evacuation, hospitalization, medical supply, and sanitation within the theater of operations is prepared by the chief surgeon of the theater in accordance with general policies prescribed by the theater commander. The theater commander retains supervision, but operation is decentralized to his various subordinates. Fixed hospitals (station hospitals, general hospitals, and hospital centers located in the communications zone) are under the command of the communications zone commander. Mobile hospitals in army areas are under army commanders. Corps and division medical units are under command of corps and division commanders, respectively. Evacuation by rail, motor, and water from the combat zone to the communications zone is under control of the regulating officer.

b. Evacuation and hospitalization. (1) Plans and orders for evacuation and hospitalization are made in conformity with and in amplification of combat plans and orders. Efficient execution of medical service of any unit requires that the surgeon be informed of plans and orders in ample time to enable him to carry out his mission.

(2) Only so much of a medical installation is established as is required to meet the particular situation encountered. The remainder of the station is held in reserve. Once casualties have been received, the ability of a medical unit to move is dependent either upon prompt evacuation of these casualties by a higher medical echelon, or upon leaving the casualties with appropriate medical attendants for evacuation later by supporting medical troops.

(3) Sorting of casualties occurs at every medical installation in the chain of evacuation and hospitalization. Those physically fit are returned to duty. No patient is sent farther to the rear than his physical condition requires or the demands of the military situation permit.

(4) The impetus of medical service is from the rear. Rear units evacuate forward units, relieving them promptly of the care of casualties. Ambulances are substituted for litters at the forward limit of traffic; hospital trains for ambulances at the forward limit of rail traffic. Mobile hospitals are pushed forward so as to be within reasonable distance of division clearing stations. Air evacuation facilities are moved as far forward as the terrain and the military situation permit. Supply points are established so as to be readily accessible to all medical units.

(5) The axis of evacuation of human casualties in the theater is shown in figure 1. Movement of casualties from the field is accomplished ordinarily as follows: to aid stations by walking, by litter bearers of attached medical troops, or by vehicles improvised for casualty evacuation; from aid stations to collecting stations by walking where practicable, usually by litter bearers and ambulances of the division medical service; from division collecting sta-

tions by ambulances of the division medical service; from division, corps, and army clearing stations by army ambulances; from evacuation hospitals, usually by hospital train, alternatively by ambulance or airplane, all furnished by the theater headquarters.

6. STAFF FUNCTIONS OF MEDICAL DEPARTMENT. a.

In all units down to and including the battalion, a staff is provided to assist the commander in the exercise of his command functions. The staff may be subdivided into two groups, the general staff and the special staff. In large units these two staff groups are separate and distinct, while in smaller units they merge into each other, and one staff officer frequently is charged with duties pertaining to both staff groups. (See FM 101-5.)

b. The special staff of every commander responsible for medical service includes a *surgeon*. In his staff capacity, the surgeon exercises no authority other than that derived from his commander, and unless appropriate authority is so conferred, his responsibility is limited to—

(1) Adviser to the commander and staff on all matters pertaining to—

(a) Health and sanitation of the command and of occupied territory.

(b) Training of all troops in military sanitation and first aid.

(c) Location and operation of hospitals and other medical establishments and of the evacuation service.

(2) Supervision, within limits prescribed by the commander, of training of medical troops, including inspections.

(3) Determination of requirements, procurement, storage, and distribution of medical, dental, and veterinary equipment and supplies.

(4) Supervision, within limits prescribed by the commander, of the operations of elements of the medical service in subordinate units.

(5) Preparation of reports and custody of records of casualties.

(6) Examination of captured medical equipment.

7. COMMAND FUNCTIONS OF MEDICAL DEPARTMENT. a. Officers of the Medical Department normally assume command only of medical troops. (See AR 600-20.)

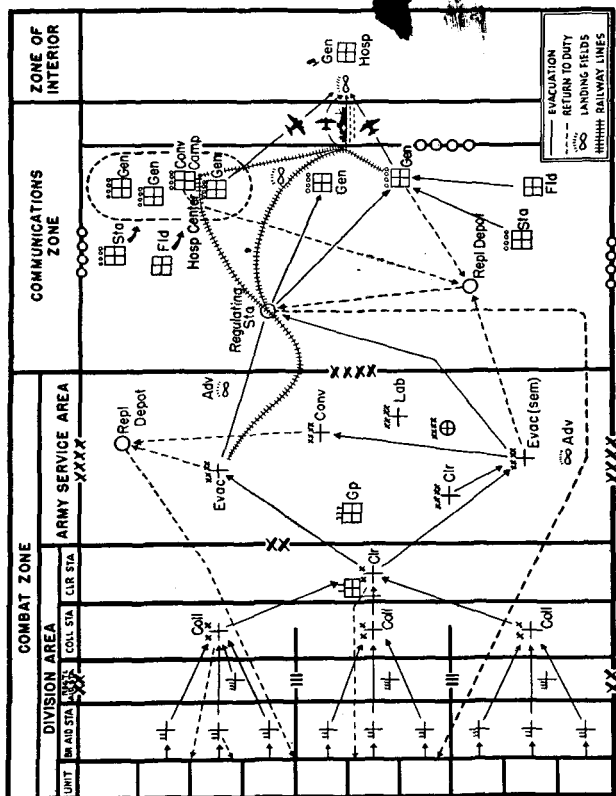


Figure 1. Evacuation and hospitalization, theater of operations.

b. Most Medical Department units are commanded by the senior officer of the Medical Corps assigned thereto and present for duty. Sample exceptions are medical depot company; medical ambulance company,

motor, separate; medical detachment, museum and medical arts service; and veterinary company, separate. Each surgeon of a separate battalion (and of other battalions under certain conditions) (see FM 8-10), and regiment is assigned to the unit of Medical Department troops which is an organic part of the command of which he is surgeon. Surgeons of units other than those exceptions mentioned above ordinarily are assigned to the headquarters of the commands of which they are staff officers.

8. TRAINING. a. References. For a detailed discussion of training management and methods, see FM 21-5 and TM 21-250. Training programs for medical units are shown in current Medical Department Mobilization Training Programs. These programs may be expanded or contracted to fit the time available. For special training required in any one unit, consult the paragraph dealing with the unit in question.

b. Responsibility. Every commander is responsible for the state of training of his command.

c. Scope. The scope of training depends primarily upon the amount of time that can be devoted to it, since there is scarcely a reasonable limit to the training that can be given with profit to Medical Department soldiers. Training objectives are set by proper authority from time to time and announced in orders issued to units. The training of medical troops may be divided into—

(1) *Basic* training which is disciplinary in character and fundamental to every soldier's education. It includes subjects such as organization of the Army, military discipline, personal and sex hygiene, first aid, and dismounted drill.

(2) *Technical* training which is specialized in nature and includes those subjects peculiar to the Medical Department. Examples of such subjects are anatomy and physiology, and medical and surgical nursing.

(3) *Tactical training* which embraces the movement and employment of troops in the field, particularly medical field units.

d. Method. (1) *Individual training.* Certain instruction required by the Medical Department soldier must be directed at him individually even though given in groups for administrative reasons. This embraces instruction in the care of his clothing and equipment, in military courtesies, and in such medical subjects as anatomy, physiology, and bandaging.

(2) *Unit training.* As soon as soldiers have acquired sufficient individual proficiency, they should be trained together as a functional group. Two examples of such groups are aid station personnel and a collecting station platoon. As soon as single groups are able to function reasonably well, they should be trained together to act as a coordinated unit. Training of this type, for example, is that given a battalion medical section or a company of a medical battalion, wherein the unit functions alone but as a whole.

(3) *Combined training.* It is of the utmost importance that all officers and enlisted men of tactical medical units be thoroughly familiar with the tactical dispositions and operations of the troops they serve. While a certain amount of this knowledge may be imparted by schools and unit training, the only satisfactory training in this respect is that obtained by participation in the field exercises of the other troops.

(4) *Training of technicians and occupational specialists.* Tables of Organization prescribe the necessary technicians and specialists for Medical Department units. For training programs for clerks, cooks, drivers, and mechanics, as well as medical, surgical, dental, medical equipment maintenance, sanitary and veterinary technicians, see the current Medical Department MTP's. Medical Department enlisted technicians schools are conducted in several named general hospitals by The Surgeon General. Quotas for the various courses conducted may be had upon application through channels.

e. Management. (1) *Special schools.* The fact that personnel of a unit have at one time or another pursued a course of instruction mentioned in d(4) above, does not relieve the individual unit commander of responsibility for the state of training of the personnel of his unit. When additional training is indicated a unit may conduct its own "troop school." However, it is more economical and efficient to conduct but one school for several small organizations; for example, a division school for all medical technicians in the division medical service.

(2) *Instructors.* All officers, noncommissioned officers, and specialists, within the limits of their individual qualifications, should be used as instructors. An ample number of instructors will permit teaching to small groups and hence improve the value of the instruction. It must be remembered, however, that the quality of the training cannot be expected to be higher than the qualifications of the instructors, and every effort must be made to qualify instructors not only in the extent of their knowledge, but also in their ability to impart this knowledge to others.

f. Concurrent training. Although it is possible to conduct continuous training in only one or two subjects until they have been completed before proceeding to other subjects, such a program is objectionable for two reasons: first, if it becomes necessary to shorten the training period, the soldier's knowledge of these subjects may be good, but he will be entirely ignorant of the others; second, the soldier is very likely to lose interest if surfeited with only a few subjects. His interest and cooperation are best stimulated by a diversified program. On the other hand, there is a limit to the subjects that can be taught concurrently. Certain instruction requires a background which must first be established. For example, instruction in convoy driving should not be given until drivers are qualified to operate individual vehicles, and some instruction in anatomy, physiology, and pharmacy should precede instruction in the treatment of gas casualties.

g. Replacements. The majority of replacements will have received some training before joining a unit. However, the state of training of replacements may vary within wide limits. Each replacement is an individual problem, and the state of his training should be carefully determined so that important deficiencies may be corrected, and tiresome and unnecessary repetition avoided.

9. SUPPLY. Commanders of administrative units are responsible for the supply of their respective units, including the subordinate elements thereof. For details of classification, administration, and distribution of supplies, see FM 100-10.

10. EQUIPMENT. a. Individual. (1) The field equipment of most officers of the Medical, Dental, and Veterinary Corps, and of most enlisted men of the Medical Department who are assigned to Medical Department tactical units and medical detachments, includes a kit of instruments, drugs, and dressings for the emergency treatment of casualties. These kits are adapted to the needs of the medical, dental, or veterinary service. Corresponding with the degrees of technical training, the kits of officers are more elaborate than those of non-commissioned officers; those of the latter, in turn, are more elaborate than the kits of privates.

(2) The other personal equipment (pack, canteen, extra clothing, etc.) of officers and enlisted men of medical detachments is of the same type carried by other officers and enlisted men of the same unit. In general, for detachments of dismounted units, it is that of the infantry; for mounted units, that of the cavalry; and for mechanized units, that of the armored division.

b. Organizational. A Table of Equipment accompanies each Table of Organization (T/O & E) and prescribes the equipment for that organization. The T/O & E is the authorization for the requisition and issue of all articles listed therein. In addition, it refers the reader to appropriate Equipment Lists and Catalogs

necessary for more detailed information on items listed only collectively in the T/O & E, as, for example, the contents of medical chests. Items used only in posts, camps and stations which are not taken with a unit when it changes station or moves into the field are listed in Tables of Allowances.

11. DRILLS AND CEREMONIES. **a. Drill.** (1) *Close order.* Close order drill is the only drill practiced by medical units. Litters are not carried in drills and ceremonies. Certain training is conducted in groups and with movements conforming to an established cadence such as in the use of the litter, but these are to be regarded as methods of instruction rather than as drill.

(2) *Formations.* Medical detachments approximate as nearly as possible the close order formations employed by the units to which they are attached. Dismounted detachments conform to infantry drill regulations. (See FM 22-5.) Whenever practicable, the internal tactical organization is preserved. Medical battalions drill by command when in mass formation.

b. Ceremonies. All mobile medical units should be trained in forming for inspection with and without field equipment. Medical units may be required to participate in reviews, parades, and funerals, and should be given a reasonable amount of training in such ceremonies. Medical detachments participate in the ceremonies of their units; medical sections may participate in battalion reviews. The detachment is usually formed as a unit in regimental ceremonies, the detachment commander participating as the surgeon on the staff of the unit commander.

12. CHANGES IN ORGANIZATION AND EQUIPMENT OF UNITS. From time to time, changes will be made in Tables of Organization and Tables of Equipment for units described in this manual. This fact should be kept in mind and the appropriate T/O & E consulted when detailed information concerning organization or equipment is required.

13. MEDICAL DETACHMENTS. Each major component of the various arms and services, with the natural exception of the medical itself, is allotted a quota of Medical Department personnel whose function is to provide the first echelon of medical service. This quota accompanies the unit to which it is attached in all tactical operations and functions under the immediate control of the unit's commander. It does not comprise an organic part of the unit, and therefore is known as "attached" medical personnel. The attached medical personnel for any one unit, considered collectively, is referred to as a "medical detachment." The strength, organization, and operation of medical detachments vary according to the size, organization, and functions of the unit to which they are attached. For data concerning the organization or equipment, etc., of each separate detachment, the appropriate T/O & E should be consulted. The importance of the functions of these medical detachments cannot be overemphasized. Their personnel are the first medical men to reach a casualty; their emergency medical treatment, rendered on the spot and frequently under fire, often means the difference between life or death for the wounded; and they start the more seriously wounded back through the chain of evacuation to the rear. The attached medical personnel therefore form the keystone for the entire medical evacuation system.

CHAPTER 2

MEDICAL DETACHMENTS OF THE INFANTRY DIVISION

Section I. GENERAL

14. GENERAL. In the infantry division, the Medical Department provides two echelons of medical service for the care and evacuation of casualties from forward areas. The first echelon consists of the medical detachment and the second echelon, the medical battalion. Medical detachments are "attached" to each regiment or separate battalion and vary in proportion to the strength of the unit they support. In the infantry division, there are six medical detachments, one for each of the three infantry regiments, one for the division artillery, one for the engineer combat battalion, and one for all remaining division troops including special troops. (See fig. 2.) The organization, functions, administration, and equipment of all medical detachments are fundamentally the same. The infantry regimental medical detachment will be described in detail; other detachments will be discussed in detail only wherein they differ.

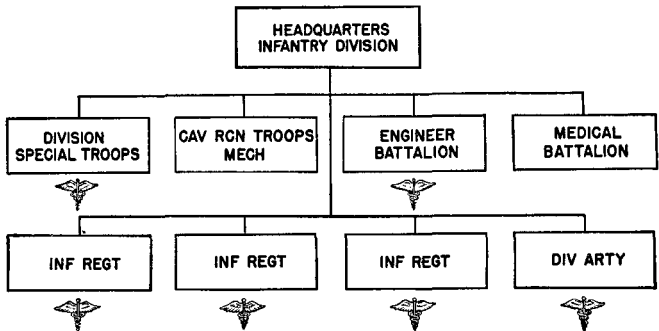


Figure 2. Medical detachments in the infantry division.

Section II. MEDICAL DETACHMENT, INFANTRY REGIMENT

15. ORGANIZATION. a. General (see T/O & E 7-11). Each of the three infantry regimental medical detachments consists of a headquarters section and three battalion sections. Each battalion section is designated to give medical support for one of the three infantry battalions in the regiment. (See fig. 3.)

b. Subordinate sections. No internal organization is prescribed for subordinate sections of a medical detachment. However, these sections do resolve themselves into groups having different functions.

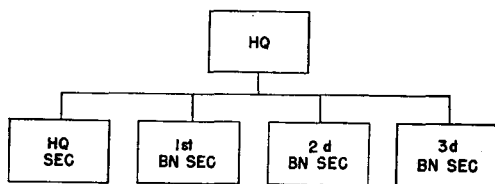


Figure 3. Functional organization of medical detachment, infantry regiment.

16. FUNCTIONS. a. General. The medical detachment of the infantry regiment is the base upon which is built the entire medical evacuation system of the division.

(1) *In situations other than combat*, its functions consist of the operation of one or more dispensaries for the emergency treatment and care of all the sick and injured of the regiment, and for the definitive treatment of those individuals who do not require evacuation to a hospital. In addition, the detachment must perform certain routine duties such as assuring that proper sanitation is practiced by the regiment, performing physical examinations, instructing all personnel of the unit in matters of sanitation, first aid, and personal hygiene, and performing the clerical work necessary for administration of the detachment.

(2) *In combat*, the functions of the detachment are the administration of emergency medical treatment on

the battlefield, the removal of battle casualties from the field to aid stations, and the establishment and operation of aid stations for the reception, sorting, temporary care, and emergency treatment of casualties.

(3) *On the march*, whether in combat or not, the medical detachment renders emergency medical treatment. Each battalion medical section, less company aid men and the battalion surgeon, immediately follows the infantry battalion it supports. Battalion surgeons ride with their organization commanders or their staffs. Three company aid men accompany each rifle company; that is, one for each platoon. One ambulance from the collecting company of the medical battalion (second echelon) is attached to each battalion medical section for the duration of the march. When a march casualty occurs, he is given necessary treatment by a company aid man. When the latter falls behind performing such duty, he hastens to rejoin his unit as soon as he has finished. If casualties are able to continue the march, they, too, rejoin their units. Sick or disabled soldiers are reported to the commanding officer of their unit. The latter usually gives the individual permission to see the medical officer at the next halt or directs the soldier to drop out of the column and await the arrival of a medical officer. The medical officer disposes of the soldier in accordance with conditions found upon examination. He may relieve the soldier of his pack and require him to continue the march; he may put him in an ambulance for disposition at the end of march or for evacuation to a medical installation, or he may require him to march at the tail of the column where he can be kept under observation. The medical officer notifies the unit commander as to the disposition he has made. All casualties separated from their organization are tagged by the medical officer. Arms and personal equipment remain with the casualty. March collecting posts may be established along the road by collecting companies in order to care for casualties. (See par. 62e(4) for details.)

b. Headquarters. The headquarters is part of the headquarters section and consists of the detachment commander (who is also the regimental surgeon), assisted by sufficient noncommissioned personnel necessary for the administration of the section. The duties of the detachment commander are dual in character, that is, staff and command.

(1) *Staff duties.* As a member of the STAFF of the regimental commander, the regimental surgeon acts in an *advisory* capacity. He has the following duties:



Figure 4. First echelon medical service.

(a) Keeps the commander informed as to the capabilities of the medical detachment and the medical situation.

(b) Initiates measures for the prevention and control of communicable, infectious, and deficiency diseases; the improvement of physical condition of officers and men of the command; the prevention of nonbattle injuries; and the reduction of mortality and morbidity from battle injuries.

(c) Based on the tactical plan, he makes a medical estimate of the situation and submits a medical plan to the regimental commander for the headquarters section

and companies not parts of battalions. (Battalion surgeons, under combat or simulated combat conditions, submit the medical plan for their battalions to their respective battalion commanders.)

(d) Prepares casualty records.

(e) Keeps the next higher medical echelon informed of the medical and tactical situation.

(f) Prescribes the technical procedures to be practiced by the detachment and has technical (professional) supervision over the battalion medical sections.

(g) Informs the commander as to the status of medical supply.

(h) Is responsible to regimental commander for instruction of all personnel in first aid, personal hygiene, and sex hygiene.

(2) *Command duties.* As the senior medical officer present the regimental surgeon *commands* the medical detachment. He is therefore a "unit commander." As commanding officer of the medical detachment, he has the following responsibilities:

(a) Organization, administration, discipline, and training of the regimental medical detachment.

(b) Preparation of the required reports and records of the detachment.

(c) Establishment and operation of a regimental aid station (or dispensary).

(d) Procurement, storage, and distribution of supplies for the detachment.

(e) Preparation of the unit plan for the operation of the headquarters section of the detachment.

(f) Evacuation and treatment of casualties within the regimental area.

c. Headquarters section. In addition to the personnel discussed in b above, "headquarters" includes one medical officer, general duty, who may be designated by the regimental surgeon to reinforce personnel of any of the battalion sections, and two dental officers, one of whom is regimental dental surgeon and directly responsible to the detachment commander. Functions of the

headquarters section (apart from those of the detachment commander and his assistants) are as follows:

(1) Assist the regimental surgeon in medical supply for the regiment and all supplies for the detachment.

(2) Provide first echelon medical service to the personnel of regimental headquarters, and to all troops operating in its vicinity and not served by battalion medical sections such as headquarters and headquarters company, service company, cannon company, and antitank company. This medical service is provided by the attachment of company aid men to the different units, not parts of battalions, and by the establishment and operation of a regimental aid station near regimental headquarters. Casualties occurring in units not served by battalion medical sections are brought or directed to the regimental aid station for emergency treatment.

(3) Provide first echelon medical service for battalions in reserve in order to allow their battalion medical sections to preserve complete tactical mobility.

(4) In emergencies, relieve a battalion medical section of accumulated casualties in order that it may regain its tactical mobility.

(5) Serve as a pool of replacements and a source of reinforcements for battalion sections.

(6) Provide dental service for the whole regiment. Dental officers and dental technicians are assigned to the headquarters section, the senior dental officer being the unit dental surgeon. All dental personnel are trained in the general duties of the medical service and may be required to perform such additional duties.

d. Battalion sections. (1) *General.* The three battalion medical sections of the regimental medical detachment have identical organization and functions. The battalion section is a subordinate element of the detachment and not of the infantry battalion except when specifically attached thereto. However, it is designed to serve a battalion and is usually attached to the battalion when in the field and invariably so in combat. The battalion section is commanded by the senior officer of the Medical Corps assigned thereto and present for duty.

When the battalion section is attached to its battalion, the section commander (battalion surgeon) is immediately responsible to the battalion commander, the regimental surgeon in his staff capacity exercising only technical (professional) supervision over the operations of the battalion sections. When not so attached, however, the section commander is immediately responsible to the detachment commander (regimental surgeon).

(2) *The battalion surgeon.* When a battalion medical section is attached to a battalion for duty, the surgeon of the section has staff functions with the battalion commander comparable to those of the regimental surgeon with the regimental commander. The specific duties of the battalion surgeon during combat are:

(a) Based on the tactical plan, to make a medical estimate of the situation; submit to the battalion commander a medical plan for approval; and after approval, prepare an organization plan for the operation of the battalion medical section.

(b) To establish and operate the battalion aid station when the situation indicates.

(c) To give emergency medical treatment devoting his attention mainly to the seriously wounded.

(d) To keep in contact with the battalion commander and the staff, learn the anticipatory planning of the commander, and to project his own plans in accordance with that planning.

(e) To make or cause to be made the necessary ground reconnaissance, when practicable, for relocation of the aid station.

(f) To keep the battalion commander, the regimental surgeon, and the collecting company commander informed of the medical and tactical situation including supply.

(3) *Medical assistant.* Each battalion medical section has an officer of the Medical Administrative Corps who is especially trained in emergency medical treatment. His specific duties are to—

(a) Assist the battalion surgeon in any manner the latter may direct.

(b) Give emergency medical treatment to the wounded devoting his attention mainly to the slightly wounded.

(c) Supervise the employment of company aid men.

(d) Direct the employment of the litter squads.

(4) *Company aid men.* Company aid men are attached to companies of the battalion on the basis of one per platoon. They are all surgical technicians. Their duties are to—

(a) Give emergency medical treatment either on or off the battlefield.

(b) Place casualties in marked protected places to await arrival of litter bearers.

(c) Direct walking wounded to aid stations.

(d) Keep the battalion surgeon informed of the medical situation by means of messages carried back by litter squads or walking wounded.



Figure 5. *Company aid man gives emergency treatment on battlefield.*

(e) Fill out and attach emergency medical tags for the dead when time and the tactical situation permit.

(5) *Litter bearers.* Litter squads should ordinarily consist of four bearers. Fewer bearers are unable to withstand the fatigue of long or frequent carries. The function of litter squads of attached medical units are to—

(a) Maintain contact with the combat elements.

(b) Clear the field of casualties, removing those who are unable to walk to the battalion aid station or to collecting points.

(c) Direct casualties who can walk to the battalion aid station or to collecting points.

(d) Administer emergency treatment.

(e) Assist the aid station group in moving and re-establishing the aid station.

(f) Act as messenger.

(g) Fill out and attach emergency medical tags to the dead, when time and the tactical situation permit.

(6) *Aid station.* (a) A battalion aid station is established and operated for the treatment of casualties and their care while awaiting further evacuation. The aid station personnel includes two officers (the battalion surgeon and his assistant), and a number of noncommissioned officers and technicians. After the battalion commander has approved the site selected by the battalion surgeon for establishment of the aid station, the station is set up. The battalion commander may see fit to delegate full authority to the surgeon to act as he deems best without obtaining approval prior to such action. This is strictly a command decision given by the battalion commander. Battalion aid stations are not established during a rapid advance if they will be unable to maintain contact with their units. In any case, only that part of an aid station is established as the immediate circumstances require. An aid station is not the proper place to initiate elaborate treatment. The accumulation of patients retards the flow of casualties to the rear and immobilizes the station. In the attack, the battalion aid station should be as far forward as protec-



Figure 6. Litter bearers evacuating casualties to aid station. Casualties able to walk are not carried.

tion permits. The litter carry should be as short as possible to permit prompt evacuation and treatment, and to ease the task of the bearers. Prompt evacuation is the crux of efficient medical support. An aid station is often moved by "leap-frogging" part of the personnel and equipment to another site. The remaining part continues to function until such time as the part which has moved is ready to receive casualties; then it moves to the new location, leaving attendants to care for any remaining casualties. In selecting a site for an aid station, the following should be considered:

1. Tactical operation of the unit supported.
2. Areas of casualty density.
3. Protection afforded by defilade and concealment.
4. Lines of drift of wounded.
5. Short litter carry. (Station ordinarily is located 300 to 800 yards behind zone of contact.)
6. Protection from elements.
7. Proximity to water.
8. Avoidance of possible enemy targets, such as important road intersections, bridges, battery positions, etc.
9. Facility of future movement of the station to front or rear.

(b) The aid station is arranged so as to provide a place where casualties can be received and await treatment, a place for the treatment of seriously wounded and another for slightly wounded; and a place where casualties can await further evacuation. If gas casualties occur, they should be treated at some distance from other casualties.

(c) Duties of personnel at the aid station are not fixed but do follow a certain pattern. The battalion surgeon, being in command, must assume all responsibility for decisions and plans; being on the staff of the battalion commander, he must perform all the duties required of a staff surgeon; and, being the only medical officer in the battalion section, he must bear the brunt of the professional work. He may delegate such of his

duties to the medical assistant (the medical administrative officer), as he sees fit according to circumstances and to the abilities of the latter individual; he may delegate none of his responsibilities. For example, if it is necessary that a reconnaissance be made to determine a new position for the aid station, and if seriously wounded casualties in the aid station require the attention of the battalion surgeon, the medical assistant may be required to make the reconnaissance and report to the surgeon for approval before the plan for the new

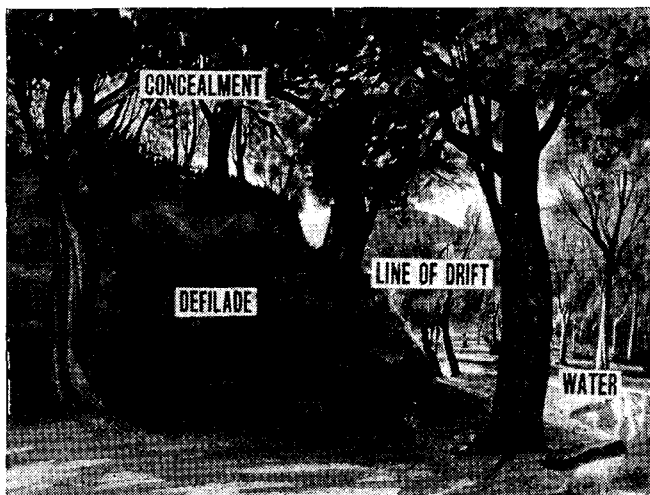


Figure 7. A desirable aid station site.

site is submitted to the battalion commander. The battalion surgeon is assisted by a noncommissioned officer who should be so well trained as to be able to give adequate emergency treatment when the battalion surgeon or the medical assistant is absent. In addition to assisting the battalion surgeon in his technical duties, the staff sergeant has the functions of general supervision of the enlisted personnel and of supply. The distribution of personnel and their duties in the aid station is at the

discretion of the battalion surgeon. The medical assistant routinely gives emergency treatment to the slightly wounded and prepares them for evacuation. He is assisted by a corporal. Enlisted medical and surgical



Figure 8. Aid station, general view.



Figure 9. Slightly wounded department.

technicians receive casualties, sterilize instruments, administer hypodermic medication, perform shock nursing, and set up and move station equipment.

(d) Casualties are examined and necessary emergency treatment given either to enable them to return at once to duty or to prepare them for further evacuation. Such treatment is limited to the arresting of hemorrhage, immobilization of fractures, application of sterile dressings to prevent further infection, administration of tetanus toxoid and of morphine when necessary, and prevention or treatment of shock. The necessary entries are made on each casualty's Emergency Medical Tag by the medical officer treating him.

17. EQUIPMENT. a. Individual. See paragraph 10.

b. Organizational. Organizational equipment as listed in T/O & E 7-11 consists largely of the following: headquarters section; chest MD #2 (drugs, instruments, and sterilizer), chest MD #4 (table, desk, stools, and typewriter), two chests MD #60 (dental chair, foot drill, medicine cabinet, instruments and drugs), gas casualty chest, litters, imprinting machines, blankets, and splints. Each battalion medical section has pack medical equipment. Usually two identical sets of five packs each are carried on the backs of the aid station personnel. Contents of these packs include dressings, drugs, instruments, sterilizers, blankets, and 5-gallon water cans. In addition to the pack equipment, each battalion section has a chest MD #2 for dispensary or reserve use, and litters. There are four command post tents in the detachment, one for the headquarters section, and one for each battalion section. These tents are used to provide shelter for the aid stations when inclement weather demands and the tactical situation permits.

18. TRANSPORTATION. The number of vehicles for each section as set forth in T/O & E 7-11 is sufficient to carry its own equipment. The heavy truck of the headquarters section can be used to carry individual

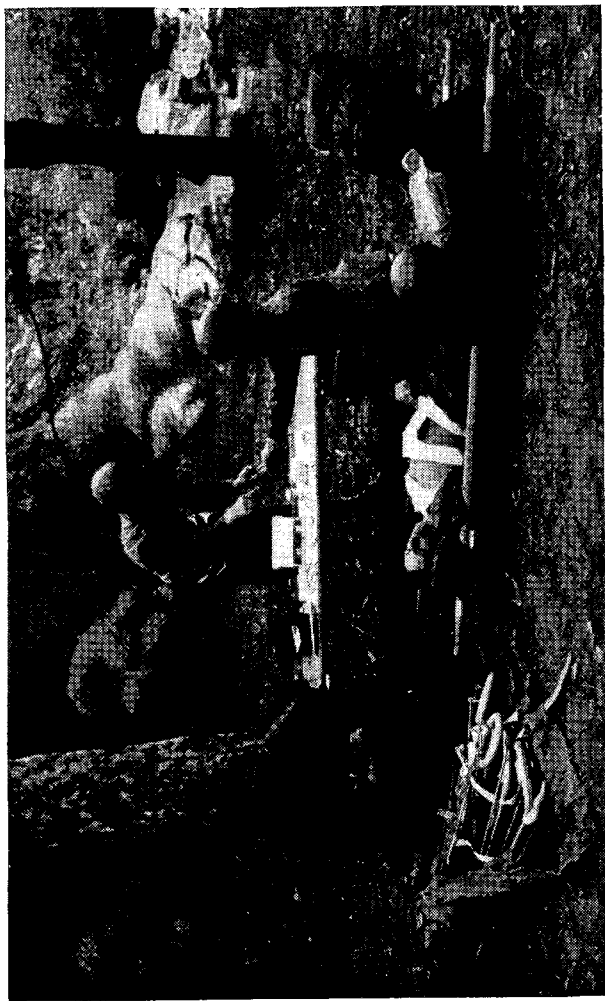


Figure 10. Seriously wounded department.

equipment for the detachment in addition to the organizational equipment of the section. All vehicles, including trailers, can easily be converted into patient carriers. (See FM 8-35.)

19. TRAINING. a. Training programs for the medical detachment must be based upon the training order of the regimental commander and are prepared by the detachment commander. (See par. 8.)

The figure displays two forms side-by-side, both hanging from a cord. The left form is the 'Emergency Medical Tag' (WD AGO Form 8-26), and the right form is a 'SUPPLEMENTAL RECORD' tag.

Emergency Medical Tag (Left):

NAME AND ARMY SERIAL NUMBER
HARRY A. RICHARDS
3304105 743 42 0

GRADE Pvt	ARMY OR SERVICE [blank]	AGE [blank]	RACE [blank]	RELIGION [blank]	SERVICE [blank]
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LOCATION WHERE TAGGED
 DATE
8 JAN 1943 TIME
0930

DIAGNOSIS BY NAME, STATE AND NATURE OF INJURY
WIA AT 080850 GSW
THIGH, RIGHT, RIFLE BULLET

LAST UP DUTY
 TREATMENT GIVEN
SULFADIAZINE 60MG
SELF-ADMINISTERED AT 0900
DRESSING SULFANILAMIDE
CRYSTALS

TRANSFUSION
 TYPE
1cc TIME
0935

ANESTHETIC SERVICE
 DOSE
016 TIME
0935

COMPLICATIONS
 DATE
8 JAN 1943 HOUR
0940

SIGNATURE WITH NAME
J. A. Blund Capt

W. A. L. H. 1-1000 (Rev. 8-26)

SUPPLEMENTAL RECORD (Right):

This tag is a vertical rectangle with a black border and a black center, labeled 'SUPPLEMENTAL RECORD' at the top.

Figure 11. Emergency Medical Tag (WD AGO Form 8-26).

b. Instruction should be given according to training requirements pertinent to the regimental medical detachment. For example, the scope and objective of training in nursing in the medical detachment is obviously different from that in an evacuation hospital.

c. In addition to individual training, and to unit training given sections and the detachment as a whole, the various functional groups should be given special and intensive training in the more important functions of

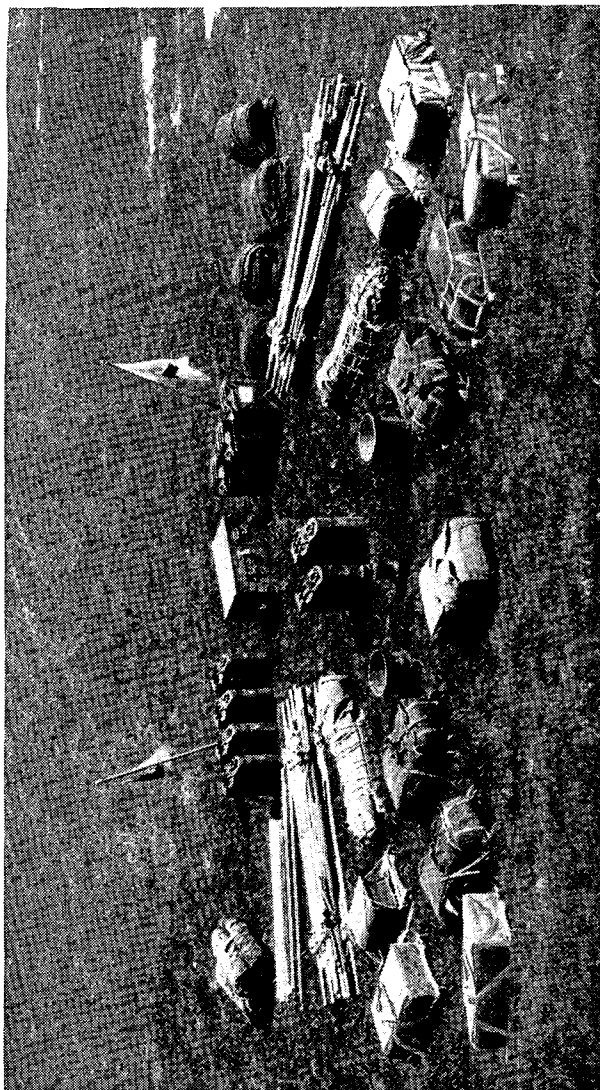


Figure 12. Typical equipment of a battalion medical section carried by pack.

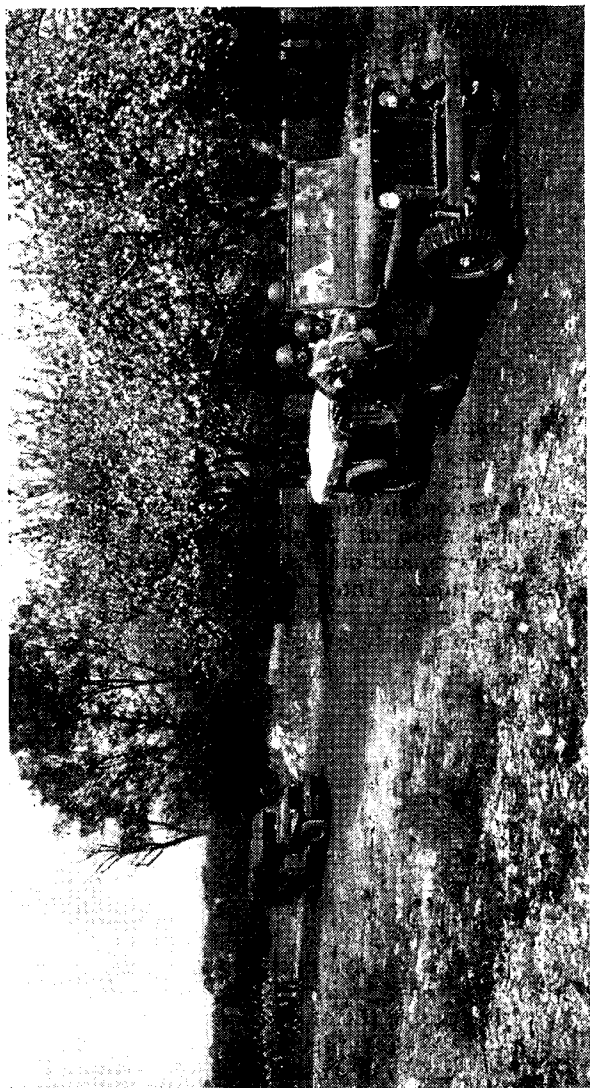


Figure 13. Equipment, vehicles, and men of battalion medical section move up to the front.

their particular groups. Examples of this type of training are:

(1) *Aid station squads.* (a) Rendering emergency medical treatment.

(b) Packing and unpacking chests, both in daylight and at night with and without lights, to thoroughly familiarize this personnel with each item of contents and its proper place in the chest.

(c) Loading and unloading equipment, including such operations at night without lights.

(d) Establishing the aid station under varying conditions of terrain and weather, and for different tactical situations.

(e) Use of ground cover, concealment, and camouflage.

(f) The improvisation of equipment.

(2) *Company aid men.* Intensified training in—

(a) Rendering emergency medical treatment.

(b) Orientation on the ground, day and night.

(c) Improvisation of surgical aids such as splints, litters, tourniquets, and other items.

(3) *Litter squads.* Intensified training in—

(a) Rendering emergency medical treatment.

(b) Orientation on the ground, day and night.

(c) Estimation of the terrain in so far as protected litter routes are concerned.

d. Technicians are trained for the following duties: dental, medical, sanitary, and surgical technicians, record clerks, litter bearers, podiatrist, and light truck driver. Company aid men are all surgical technicians. At least two medical technicians from each battalion medical section are trained to drive the $\frac{1}{4}$ -ton truck, and it is desirable to train more. Medical and surgical technicians, particularly the latter, must be so thoroughly trained in emergency medical treatment that its performance under the difficult conditions of battle will be effectively and quickly accomplished. Measures of particular importance are the arrest of hemorrhage, including the use of the tourniquet; prevention and treatment of shock, the application of dressings, the use of morphine

including its contraindications, the administration of plasma, the application of splints, and the special precautions to be used in the treatment of injuries of the face, chest, abdomen, neck, and back.

e. Unit training is conducted both by individual sections and by the detachment as a whole. It includes training in—

(1) Dispositions and operations of attached medical personnel in the various situations in which the regiment (or battalion) may be engaged such as in bivouac, on the march, and in the several types of combat.

(2) Establishment of aid stations, the removal of casualties from the field thereto, and their proper treatment and disposition therein. In section training, soldiers acting as casualties may be detailed from other sections not then occupied. In detachment training, if impracticable to have simulated casualties detailed from other units of the regiment, two detachments in the same vicinity may combine in such training, the personnel of each alternating in the roles of patient and of medical soldier.

(3) Supply of sections in combat.

(4) Entrucking and detrucking and moving equipment by pack.

f. As soon as sufficient progress has been made in individual and unit training to profit by combined training, every effort should be made to participate in the tactical exercises of the other elements of the unit. Battalion sections should take part in the exercises of their respective battalions, and the entire detachment in exercises in which the regiment as a whole engages. Combined training is of the greatest importance. Complete familiarity with the tactical dispositions and operations of the regiment it serves is essential to the proper functioning of a medical detachment. All personnel should be trained in as many capacities as possible.

20. ADMINISTRATION. a. General. It is to be recalled that the regimental surgeon is also regimental

medical detachment commander and therefore has a dual function. The administrative functions of the medical detachment are accordingly divided. While the two functions are not to be confused, ordinarily the same personnel will operate both the regimental surgeon's office (staff), and detachment headquarters (command). These personnel are taken from the headquarters section but are available for other duties as required.

b. Regimental surgeon's office (staff). Administrative functions of this office include all correspondence and medical records, reports and returns for which the surgeon is responsible. Such records will include—

(1) *Station Logs* prepared by each medical section of the detachment for all sick and wounded treated, and showing their disposition. These are used by the detachment headquarters as a source of information for preparation of casualty reports, which are directed to be submitted to higher authority.

(2) *Sanitary Report* is submitted periodically to the regimental commander.

(3) *Report Sheet* (WD AGO Form 8-23). This is submitted together with the Emergency Medical Tags thus forming the Report of Sick and Wounded. Emergency Medical Tags (WD AGO Form 8-26) are accomplished by the first Medical Department officer to treat a patient; or, in the case of the dead, by the first Medical Department soldier.

(4) *Statistical Report* (WD AGO Form 8-122) is usually submitted weekly but may be required daily.

c. Detachment headquarters (command) administrative functions include:

(1) Discipline, records, reports, pay, etc., of detachment personnel. The duties and responsibilities of the detachment commander in these matters are similar to those of any company commander.

(2) Supply.

(3) Maintenance of equipment and transport.

(4) Rationing. Tables of Equipment include no mess equipment for the medical detachment, nor are cooks provided in its organization. Therefore, it will be neces-

sary for personnel of the detachment to mess with the unit which it supports. For example, a battalion medical section will ordinarily be messed by the headquarters company of the battalion to which the section is attached.

21. SUPPLY. *a. In other than combat*, the detachment commander is responsible for the supply of all sections but section commanders must keep him informed of the status of the equipment of their sections and of their supply requirements. The detachment commander submits requisitions to the regimental supply officer for all classes of supplies required and authorized by Tables of Equipment. The unit supply officer forwards the requisition and upon receipt of the supplies issues them to the detachment commander. The latter in turn causes them to be distributed among the sections according to their needs. The detachment commander is *responsible* for all property issued to the detachment, but is *accountable* for none.

b. In combat, commanding officers, both of the detachment and of battalion sections thereof, will procure all supplies, except medical, through the channels provided for other elements of the unit. They will procure medical supplies by—

(1) Informal request sent to the medical unit in direct support, ordinarily a collecting company of the medical battalion. The supplies will be delivered by litter bearers, or ambulances may be used in some situations such as during hours of darkness.

(2) Informal request sent to the nearest medical supply point.

(3) The same manner as set forth when not in combat.

(4) Any combination of the methods outlined above.

(5) In emergencies, the detachment commander may direct the transfer of a part of the equipment of one medical section to another.

c. Property exchange. Medical property, such as litters, blankets, and splints, accompanying patients to the rear, must be replaced by automatic exchange with

the rearward medical unit which receives the patient. This is called property exchange.

Section III. MEDICAL DETACHMENT, DIVISION ARTILLERY .

22. ORGANIZATION (see T/O & E 6-10). The medical detachment of the division artillery, infantry division, consists of a headquarters detachment and four battalion detachments. The headquarters detachment is designed to give medical support for the headquarters and headquarters battery of the division artillery, and the four identical battalion detachments designed to support the four battalions of the division artillery (three 105-mm howitzer battalions, and one 155-mm howitzer battalion).

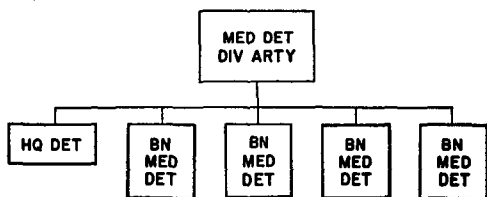


Figure 14. Functional organization, medical detachment, division artillery.

23. FUNCTIONS. a. General. The functions of the headquarters detachment and the battalion detachments correspond to those of the headquarters section and battalion sections of the medical detachment, infantry regiment. This applies to the medical service rendered in garrison, on the march, and in combat. Normally the five medical detachments operate independently of each other.

b. Headquarters detachment. The headquarters detachment consists of the headquarters and the aid station personnel. Headquarters is located at the division artillery command post. Here the artillery surgeon performs staff and command duties similar to those of an infantry

regimental surgeon. Other personnel of the headquarters detachment include a dental officer, noncommissioned officers, technicians, and a truck driver. The aid station personnel establish an aid station near the division artillery command post primarily intended for the treatment of casualties occurring in the artillery headquarters and headquarters battery but which may, on occasion, be utilized as a link in the chain of evacuation of casualties from artillery battalion aid stations. Since the division artillery command post is normally located near the division command post (forward echelon of division headquarters), this medical detachment may be called upon to provide medical service for personnel of the division command post. The dental officer and the dental technician provide dental service for all of the personnel of the division artillery.

c. Battalion medical detachments. Battalion detachments, commanded by the battalion surgeons, establish aid stations in support of their respective artillery battalions. Each battalion medical detachment has four battery aid men (surgical technicians) one of whom is attached to the service battery and one to each of the three firing batteries. The remainder of the detachment personnel sets up and operates the battalion aid station for the treatment of the sick and wounded of the artillery battalion. The aid station is usually located in the vicinity of the artillery battalion command post, in a site offering concealment and defilade. Battery positions and ammunition dumps are avoided. No litter bearers or ambulances are provided in Tables of Organization and Equipment. Casualties occurring in the batteries are treated by a battery aid man, and are then evacuated to the battalion aid station in a vehicle. The battalion surgeon, being near to the battalion command post, may be informed of the location of casualties through the battalion wire or radio net, and he can send for them in his truck. The casualties are treated and prepared for further evacuation in the aid station by the battalion surgeon and his enlisted assistants. Casualties are evacuated to the rear from the battalion aid station by one of two



Figure 15. Evacuation of casualties from battery positions.

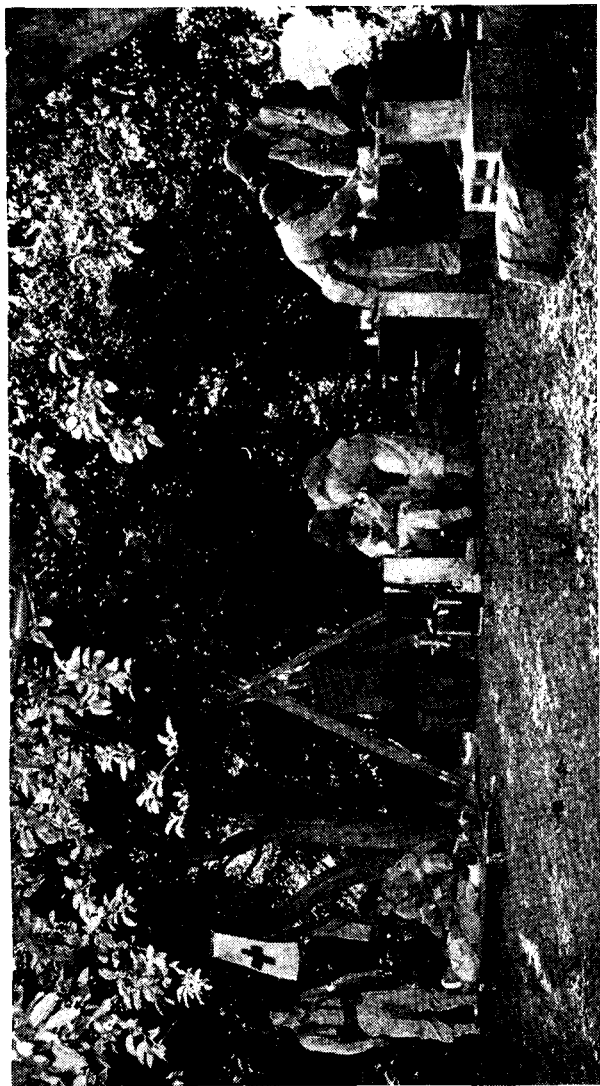


Figure 16. Artillery aid station similar to infantry aid station except that chest equipment is used.

means. By arrangement between the battalion surgeon and the artillery battalion commander, empty ammunition trucks going to supply points in the rear may be utilized to evacuate the sick and wounded directly to the division clearing station. The collecting station is ordinarily bypassed. If this method is not practicable, the collecting companies may be called upon to evacuate the artillery battalion aid stations with ambulances. Evacuation by vehicles is simplified by reason of the fact that battery positions are usually near roads.

24. EQUIPMENT. a. Individual. See paragraph 10.

b. Organizational (see T/O & E 6-10, 6-25, and 6-35.) Medical Department chests, gas casualty set, litters, blankets, and splints and a command post tent are part of the equipment of each detachment. Pack medical equipment is not provided.

25. TRANSPORTATION. The headquarters detachment usually has a light truck and each battalion detachment two light trucks (see pertinent T/O & E). Since no litter bearers or ambulances are provided, there will be frequent occasion to convert vehicles to patient carriers and use them as such.

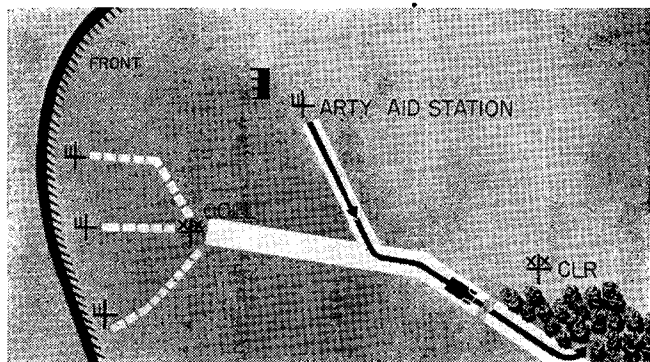


Figure 17. Casualties evacuated directly to clearing station.

26. TRAINING, ADMINISTRATION AND SUPPLY.

Training is similar to that given personnel having corresponding functions in the infantry regimental medical detachment. During the preliminary phases of training, it may be desirable to train all five detachments as a unit. The principles of administration and supply are likewise similar. Each detachment will be carried on the personnel records of the unit to which it is attached, will obtain supplies from its own battalion supply officer, and will submit individual unit reports and records to the division surgeon, unless otherwise directed by higher authority.

Section IV. MEDICAL DETACHMENT, ENGINEER COMBAT BATTALION

27. ORGANIZATION. The medical detachment of the engineer combat battalion consists of a medical officer who is in command, a dental officer, and a small number of enlisted men including noncommissioned officers and technicians. No internal organization is prescribed but there are two main functional groups, the company aid men (surgical technicians) and the aid station personnel. (See fig. 18 and T/O & E 5-15.)

28. FUNCTIONS. a. Company aid men. The mission of the engineers will frequently require considerable dispersion of the personnel of the battalion in the division area, as, for example, establishing and protecting road blocks and mine fields, assisting in constructing defensive works, maintenance of routes of communication, destruction of hostile obstacles, and establishing water distributing points. Elements of the engineer battalion which are dispersed on separate missions will have company aid men attached to them. Casualties occurring in the dispersed elements are treated by the company aid men. Since there are three combat companies of three

platoons each in the battalions and only six company aid men in the whole detachment, the aid men cannot be attached on the basis of one per platoon as they are in the infantry regiment. Instead, they must be attached according to the size of the unit, the attending circumstances of hazard, and the distance at which the unit in question is operating from an aid station. Further treatment and evacuation is secured from medical installations that are near to the area where the engineers are working. If casualties are evacuated to and treated at any medical installation but the engineer battalion aid station, such medical service is commonly called "incidental medical service."

b. Aid station personnel. The aid station personnel set up and operate the battalion aid station for the care

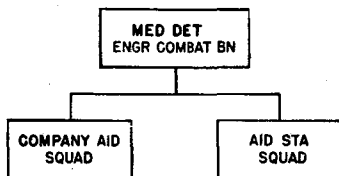


Figure 18. Functional organization of the medical detachment, engineer combat battalion.

of the sick and wounded of the battalion. The aid station is normally located at the headquarters of the engineer battalion. Casualties occurring in this area are treated by a company aid man, and evacuated by vehicle to the battalion aid station for further treatment by the battalion surgeon and his assistants. The casualties are then evacuated to the division clearing station by the medical detachment truck.

c. Battalion in combat. When the engineer combat battalion engages in combat, as it may be required to do, the medical service of the battalion operates in a fashion similar to that of the infantry battalion. The small size of the medical detachment will necessitate reenforcement in that event, especially with litter bearers.

29. EQUIPMENT. Individual and organizational medical equipment is similar to that of other medical detachments, but is sufficient to operate only one aid station. No pack equipment is prescribed.

30. TRAINING, ADMINISTRATION, AND SUPPLY. Other than the differences mentioned in paragraphs above, all internal features of the medical detachment of the engineer combat battalion are similar to those of other medical detachments.

Section V. MEDICAL DETACHMENT, SPECIAL TROOPS, INFANTRY DIVISION

31. GENERAL (see T/O & E 7-2 and 7-3). Special troops of the infantry division consist of headquarters, special troops; headquarters company; military police platoon; ordnance company; quartermaster company; signal company; and the medical detachment. The function of the medical detachment is to provide first echelon medical service for division headquarters, the reconnaissance troop, and all the above-named units. Four company aid men are provided, one for the signal company, and one for each of the three reconnaissance platoons of the reconnaissance troop. The remainder of the medical detachment will establish and operate an aid station in the vicinity of rear echelon of division headquarters in order to provide medical service for troops in that area. On some occasions, it may be desirable to split the aid station and operate a second aid station in the vicinity of the division command post (forward echelon of division headquarters). After treatment at the aid station, casualties are evacuated to the division clearing station in the truck of the medical detachment. When the aid station is split, the division surgeon may attach an ambulance to one of the two stations to evacuate the casualties to the clearing station. T/O & E 7-2 provides the individual and organizational medical equipment and a tent for shelter of the aid station when circumstances permit. Other characteristics resemble medical detachments previously described.

CHAPTER 3

MEDICAL DETACHMENTS OF ARMORED AND AIRBORNE DIVISIONS AND NONDIVISIONAL UNITS

Section I. MEDICAL DETACHMENTS OF THE ARMORED DIVISION

32. GENERAL. a. The armored division is a complex unit made up of different arms and services, and organized to fight as two combat commands. The organization of the combat commands depends upon the mission of the division. Numerous combinations of armored infantry battalions, tank battalions, and armored field artillery battalions are possible. When orders are received designating the attachment of a separate battalion to a larger combat unit, it is the responsibility of the battalion surgeon to establish personal contact with the surgeon of the unit to which attached. Failure to do this will result in confusion and duplication of effort by the medical detachments. Tentative plans should be made for the medical support of attached units based upon their anticipated employment. The surgeon of the attached unit must know the location, strength, and composition of the medical units which will support and supply his medical detachment, and should notify the supporting medical unit of the axis of evacuation and probable location of the aid station and casualty collecting point sites. It is impossible to give the detailed employment of the medical detachments so as to cover all possible circumstances that may arise during combat. In general, however, there are certain fundamentals of employment which should be observed. All individuals of the medical detachments must understand the type of operation planned, the desig-

nated axis of advance and axis of evacuation, the locations available for the establishment of the aid station, the type of terrain to be covered, cover and concealment, and road net, and the nature and disposition of enemy resistance. Separate battalions are organized so as to be self-sufficient administratively and tactically, and each includes a medical detachment as, in fact, do most of the elements of the armored division. (See fig. 19 and T/O & E 17.)

b. The employment of an armored medical detachment is flexible and will vary. (See FM 17-80.) The procedure of choice will be dependent upon the type of armored unit, its anticipated plan of action, terrain features, and the presence or absence of close second echelon medical support. Under all circumstances it will be advantageous for the battalion surgeon and the medical company commander (second echelon) to plan together the tentative site for casualty collecting points and for the medical company to establish the collecting points. In this way, the medical detachment will not be burdened by the necessity of leaving medical supplies and an attendant at each collecting point. Property exchange will be greatly facilitated.

33. MEDICAL DETACHMENT, TANK BATTALION. **a. Organization** (see T/O & E 17-25). The medical detachment of each tank battalion may be functionally divided into a battalion aid station squad, an ambulance litter bearer team, and personnel to drive and employ other vehicles as improvised patient carriers. (See fig. 20.)

b. Functions. (1) *General.* The first echelon medical service provided by the medical detachment differs considerably from that of other medical detachments and is therefore discussed in some detail. An important function of the battalion surgeon is to train thoroughly all personnel of the tank battalion in expert administration of first aid. This is necessary because medical service may not be available to casualties occurring in a

tank battalion for considerable periods owing to the exposed position of many tanks when they become disabled. The burden of instituting immediate life-saving measures, then, may often rest upon the tank crew themselves. For this purpose, each tank is normally equipped with a large (24-unit) motor vehicle first-aid kit containing such items as a tourniquet, burn ointment, dressings,

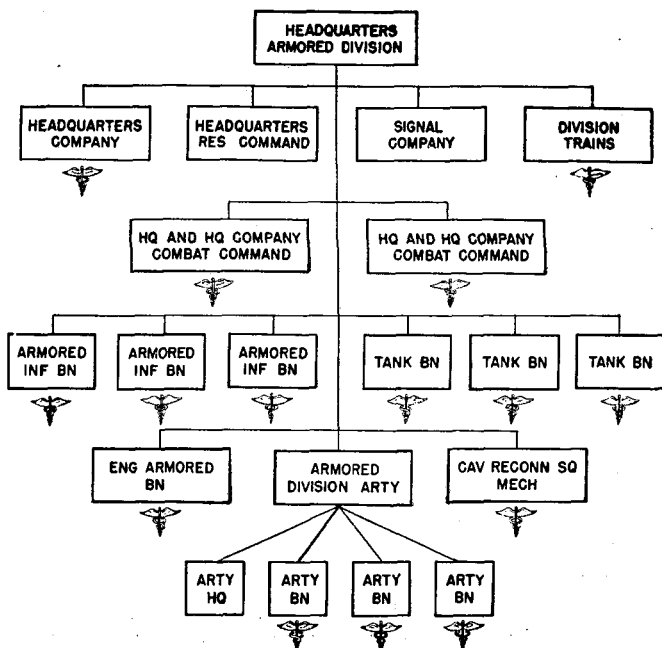


Figure 19. Organization of the armored division. Subordinate units having attached medical personnel are indicated with a caduceus.

compresses, and when military circumstances indicate its need, morphine syrettes. Each member of the crew must be skilled in first aid for burns and various types of wounds, controlling hemorrhage, prevention and

treatment of shock, and uses and contraindications of morphine.

(2) *Evacuation from tanks* (see FM 17-80). Personnel of the medical detachment will have little to do with the actual evacuation of casualties from tanks. A disabled tank is motionless and highly vulnerable to enemy fire. The likelihood of the tank exploding because of the ammunition it carries, or burning because of its high octane fuel, will cause crew members to dismount and remove themselves from the vicinity with all possible haste. The imminent danger of explosion or fire will often cause even seriously wounded crewmen to abandon the tank quickly and without assistance; they should be assisted from tanks by other crewmen, and placed in a concealed and defiladed location to await the appearance of medical personnel. This fact does not, however, pre-

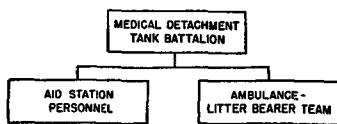


Figure 20. Functional organization of the medical detachment, tank battalion.

clude the necessity of medical personnel being expert in the removal of casualties from tanks, for such will doubtless be necessary at times.

(3) *Axis of evacuation.* An axis along which casualties are evacuated is designated by the battalion surgeon with approval of the battalion commander. This axis is some line that is easily located on the ground such as a road or line of trees. It usually coincides with the axis of supply and maintenance for the battalion. All personnel of the battalion must be informed of the axis selected. Whenever possible, casualties are deposited on this axis to await evacuation.

(4) *Ambulance litter bearer team.* The function of the ambulance litter bearer team is to assist in the evacuation of the casualties of the battalion to the battalion aid station. The team which normally consists of a

driver, two litter bearers, and a surgical technician has a truck ambulance for the performance of its duties. In order to preserve and protect Medical Department personnel and their vehicles, it will generally be found necessary to advance the ambulance to the rear of combat units at distances governed by the terrain, enemy resistance, and other circumstances. Cover and defilade must be utilized to the fullest extent possible. Combat experience will teach that exposure to hostile fire must be minimized. Whenever possible, flat open terrain which offers no cover or defilade must be avoided. Ridge tops, forward slopes of hills and sky lines are vulnerable terrain. Casualties lying in exposed areas are picked up and carried by hand litter to the ambulance which should be brought forward only as far as cover, concealment, and hostile activity permit. This is one of the important functions of the two litter bearers. Problems arising in respect to the employment of the ambulance and its litter bearers will require keen judgment and prompt decisions on the part of commissioned and noncommissioned officers alike. The ambulance will transport casualties to collecting points along the axis of evacuation, or, when feasible, transport casualties to the aid station. A collecting point in this sense is a point designated along the axis of evacuation where casualties are dropped to await further evacuation. If the number of casualties at any one collecting point so justifies, a medical soldier should be left with them for their care pending removal. This will ordinarily be the surgical technician from the ambulance litter bearer team. Evacuation will be materially speeded by the improvisation of the 1/4-ton trucks and the weapons carrier to patient carriers. These vehicles have the advantages of cross-country mobility, low silhouette, and adequate patient capacity.

(5) *Battalion aid station.* The aid station should be established along the axis of evacuation as far forward as is practicable. It functions in close support of the battalion, establishing station to the extent necessary to care for the casualties occurring. At this time the

aid station will treat only those casualties brought directly to it by the ambulances. Casualties deposited on the axis of evacuation will be left there for subsequent evacuation by second echelon medical service (medical company of the medical battalion). Before battle, tank crews are instructed to assemble at a so-called rallying point at a specific time for the purpose of refueling, servicing, and being resupplied with ammunition. The majority of casualties will be transported in their own tanks to this rallying area and prompt first echelon medical service will be required. It is therefore necessary for the battalion surgeon to know the time and place of the rallying point and to move the aid station thereto at the proper hour. Casualties which have not been evacuated from the initial aid station site will be left there to await evacuation by the second echelon medical service. If the battalion surgeon deems it advisable he may leave an enlisted attendant with them. As it goes to the rallying area, the aid station will bypass the collecting points that have been established ahead of the station, leaving them to be evacuated also by the second echelon medical service. Upon arrival at the rallying point, the aid station will be again established for the treatment of casualties brought there in tanks or in ambulances. After treatment, these casualties will be evacuated by ambulances of the detachment to a point sufficiently far to the rear to afford relative safety from enemy fire for the field (unarmored) ambulances of the second echelon medical service (medical battalion).

c. Equipment and transportation. Aid station equipment includes medical chests, a gas casualty chest, blankets, litters, heat pads, splints, and a command post tent for use when such is indicated. Each ambulance carries a blanket set, litters, heat pads, splints, and surgical dressings. Transportation normally consists of an ambulance and several light trucks, one of which is equipped with a radio. It is important that all organizational equipment not absolutely necessary for the collection, treatment, and evacuation of casualties is removed from vehicles when combat is imminent and left behind

with the train. It is equally important that the ambulance be fully supplied at all times with the dressings, splints, litters, and other items which it is supposed to carry; otherwise the emergency medical treatment required to save lives and to make casualties safely transportable will be impossible. Actual combat operative equipment should be loaded on the vehicles first in precedence; the remainder of the equipment may then be loaded in the most convenient manner. Thus, when combat threatens, all excess impediments can be quickly dropped off with the trains without disturbing the essential equipment.

d. Training, administration, and supply. (1) All personnel must be trained in and understand the employment of armored units. They should be practiced in reconnaissance, in recognizing and remembering terrain features, and in orienting themselves on the ground. This is necessary in order that they will be able to evacuate casualties from widely dispersed areas to an axis of evacuation, and be able to locate the aid station and rallying point without loss of time. Aid station personnel must be proficient in establishment and operation of the aid station, and in its rapid movement along the axis of evacuation and to rallying points. Drivers of the ambulance and other vehicles must be skilled in the use and maintenance of their vehicles. The ambulance litter bearer team should be especially trained in the handling of casualties including evacuation from tanks, manual carries, litter carry, and transportation on vehicles improvised as patient carriers. The surgical technician of the team should be particularly skilled in administering emergency medical treatment.

(2) The problems of administration and supply are similar to those of medical detachments of unarmored units.

34. MEDICAL DETACHMENT, ARMORED INFANTRY BATTALION (see T/O & E 7-25). This detachment has some features both of the infantry regimental medical detachment and of the tank battalion medical detachment.

It is organized and equipped to operate an aid station, and has a sufficient number of litter bearers to form a litter-bearer team for the ambulance, and to provide litter squads for evacuation of casualties from the field to collecting points by hand litter. The armored ambulances will be employed as far forward as circumstances permit and evacuate casualties to the aid station. In addition, they evacuate casualties from the aid station to a

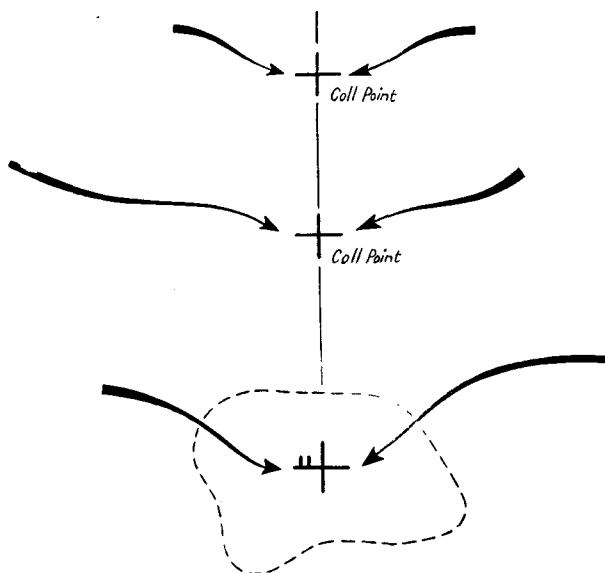


Figure 21. First echelon medical service. Aid station at assembly area.

point in the rear to which field ambulances (unarmored) can approach with reasonable safety from enemy fire. The employment of company aid men is standard; the employment of litter squads and ambulances, and the arrangement for evacuation by the medical company will depend upon factors already mentioned in connection with the tank battalion. Unlike the medical detachment

of the tank battalion, the T/O & E prescribes one dental officer and one chest No. 60 (dental items and equipment).

35. MEDICAL DETACHMENT, ARMORED FIELD ARTILLERY BATTALION (see T/O & E 6-165). The medical detachment of the armored field artillery battalion may operate more efficiently if retained as a unit, except for battery aid men, at the site of the aid station. The ambulance of the detachment can be dispatched to the

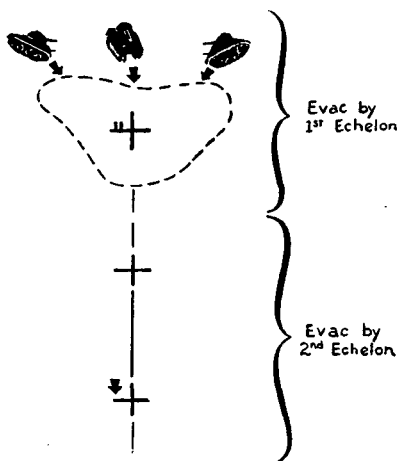


Figure 22. First echelon medical service. Aid station at rallying point.

individual batteries upon call. This plan will entail thorough planning of communication and liaison and is dependent upon radio communication from the individual batteries.

36. MEDICAL DETACHMENT, ARMORED ENGINEER BATTALION; AND MEDICAL DETACHMENT, CAVALRY RECONNAISSANCE SQUADRON, MECHANIZED. The problems encountered by the surgeons of engineer and

reconnaissance units are entirely dependent upon the degree of dispersal of the organization. The detachment of each unit has a small number of ambulances. It is obviously impossible to furnish each isolated group of either unit an ambulance or medical officer. Under such circumstances, groups so isolated must depend upon incidental medical service from other unit medical detachments located in their vicinity. For details of organization, equipment, and transport see T/O & E 5-215 and T/O & E 2-25.

37. MEDICAL DETACHMENT, HEADQUARTERS COMPANY. The headquarters company has a small medical detachment which establishes and operates an aid station for personnel of division headquarters and headquarters company, usually equipped with one ambulance. (See T/O & E 17-2.)

38. MEDICAL DETACHMENT HEADQUARTERS AND HEADQUARTERS COMPANY, COMBAT COMMAND. Each of the two headquarters and headquarters companies, combat command, has two officers (a medical officer and a dental officer), a record clerk, and a dental technician. The functions of the medical officer are administrative and he has no medical organizational equipment. The duties of the dental officer are professional in character. He is provided with a dental technician as assistant. (See T/O & E 17-20-1.)

39. MEDICAL DETACHMENT, DIVISION TRAINS (see T/O & E 17-60, and T/O & E 9-65). The medical detachment of division trains is attached to the ordnance maintenance battalion. It consists of one medical officer, a medical assistant, Medical Administrative Corps, and a small number of enlisted personnel necessary to operate an aid station. It has no litter bearers.

Section II. MEDICAL DETACHMENT, AIRBORNE DIVISION

40. GENERAL (see T/O & E 71). **a.** Units of the airborne division which have medical detachments are as follows: the infantry parachute regiment, each of the two glider infantry regiments, the engineer battalion, the division artillery, and the antiaircraft battalion. Because of the high mobility of airborne units in their initial employment and their geographical detachment from supporting ground units, the characteristics of the medical service will be somewhat different than that of other divisions and special problems will be encountered. The combat zone of airborne operations is usually shallow and localized. Early in the operation, fighting, supply, and communication may be unavoidably confused, the establishment of medical installations will be difficult and the flow of casualties erratic. Since airborne medical units have little facility to hold large numbers of casualties for periods longer than a few days, provisions must be made for evacuation of wounded by air early in the operation. Detailed planning of the medical service will depend to a large extent upon "spot" decisions based upon the development of the attack.

b. Since evacuation of casualties may be hampered by rapid movement of troops, necessarily inadequate transportation, and difficult communication, isolated parachute and glider units must hold their casualties until contact is made with the divisional medical service. (See ch. 6.) Evacuation from battalion aid stations to the regimental aid station is normal for the airborne medical service. It is a function of the headquarters section of the medical detachment. However, if this is to be accomplished, the division surgeon may be forced to allocate some of the medical company litter bearers to regimental surgeon. Litter bearer sections of the three platoons of the medical company evacuate casualties from regimental aid stations and transport them to collecting points where they are held for further evacuation by $\frac{1}{4}$ -ton trucks equipped with litter racks operated

by the ambulance sections of the medical platoons. The three platoons of the medical company may have to hold the casualties they have evacuated until the airborne mission is accomplished and contact is made with ground troops, or until an air head is available for evacuation by air. However, where immediate evacuation from isolated units is considered necessary, three methods are available. Liaison planes can each carry one sitting passenger but cannot carry *litter* patients without modification of the plane. Helicopters have been fitted to carry two litter patients on brackets fitted to the outside of the fuselage. Where glider landing fields are available a more practical solution may be employed. All gliders can be easily modified to carry four litter and four sitting casualties. These gliders may be landed in a small field, loaded with casualties, and flown out by means of a "snatch pick-up" by an airplane in flight.

41. ORGANIZATION. a. Medical detachment, parachute infantry regiment (see T/O & E 7-31). This detachment is organized into a headquarters section and three battalion sections, one for each of the three parachute battalions.

(1) *Headquarters section.* In this section are the regimental dental officer, personnel for detachment administration, and noncommissioned officers and technicians for operation of the regimental aid station.

(2) *Battalion section.* Each of the three battalion medical sections is commanded by a medical officer (battalion surgeon) assisted by a commissioned officer. Noncommissioned officers, technicians, and a few litter bearers, and basics are provided. Surgical technicians from this section are assigned as company aid men.

b. Medical detachment of glider infantry regiment (see T/O 7-51). The organization of the glider infantry medical detachment is similar to that of the parachute detachment except there are only two battalion sections instead of the three found in the parachute detachment,

and there is a greater number of litter bearers in each battalion section.

c. Other medical detachments in the airborne division. Medical detachments of the *airborne engineers battalion* (T/O & E 5-225), the *airborne antiaircraft battalion* (T/O & E 44-275), and the *division artillery, airborne division* (T/O & E 6-200) are similar in organization to those of the airborne infantry units.

42. FUNCTIONS. a. Medical detachment, parachute infantry regiment. (1) This detachment lands by parachute in close support of the regiment, company aid men jumping with their units. On the basis of training operations, 1.5 percent of troops landing by parachute suffer fractures of the leg, and an additional 1.0 percent receive sprains sufficient to disable them from immediate full duty. Those with fractures and incapacitating sprains will be splinted and given such other treatment by company aid men as is necessary, and assembled at a collecting point in the landing area. Those whose injuries permit, may accompany the rear echelon of the parachute-landed unit and perform sedentary security missions near command posts.

(2) Battalion sections normally set up their aid stations near battalion command posts in order that liaison with supporting medical units will be facilitated. Because of the lack of personnel to perform litter-bearing duties, it is necessary for the aid stations to follow the battalions closely into battle. Because of limited aid station equipment, treatment is restricted to emergency measures necessary to save life and prepare casualties for evacuation. Since isolation of a parachute unit is always possible, the battalion surgeon must be prepared to hold patients until evacuation is possible.

(3) *Headquarters section.* In combat, the regimental aid station is an important link in the chain of evacuation. (This is *not* true in the case of other types of divisions.) Since the airborne division does not have collecting companies, many of the duties normally performed by a collecting station are accomplished by the

regimental aid station. The aid station is located near the regimental command post to assure continuous liaison between the regimental commander and the regimental surgeon. No separate communication facilities are available to the medical detachments. Hence, the employment of aid stations in the vicinity of command posts allows the regimental surgeon to maintain contact with forward and rear echelons through the command communication net. When the division operates in regimental combat team formation, the regimental surgeon, as senior medical officer, becomes the acting combat team surgeon and advises the combat team commander on the tactical employment of medical units assigned to the combat team. Normally, one platoon of the airborne medical company evacuates the regimental aid station. However, the tactical employment of this platoon is controlled through the division surgeon.

b. Medical detachment, glider infantry regiment.

This detachment is carried into combat by glider, bringing with it its transportation. In this respect it differs from the parachute medical detachment which brings no transportation. Troops landed by glider suffer casualties according to conditions of landing such as weather, terrain, and pilot proficiency. Approximately 1.0 percent may be expected, but the great majority of these will be minor and will not incapacitate men from active duty. Under favorable conditions, less than 0.1 percent of the troops will become ineffective as the result of landing. The first duty of company aid men will be to give emergency medical treatment to those needing it and to assemble the ineffectives at a collecting point at the landing field. Battalion and the regimental sections establish aid stations and function in accordance with the same policies governing those of the parachute regiment.

c. Medical detachment, division artillery. The functions of the artillery medical detachment are similar to those of any artillery detachment including the operation of a small aid station and the evacuation of battery positions. However, in combat team employment, control of the medical service falls to the combat team

surgeon. The artillery detachment is small but operates $\frac{1}{4}$ -ton trucks equipped with litter racks.

d. Medical detachment, antiaircraft battalion. The employment of this detachment is similar to that of an artillery medical detachment.

e. Medical detachment, engineer battalion. This detachment renders first echelon medical service to the unit to which it is attached. In addition, when an air head is available for evacuation by air, it normally renders medical service there and prepares casualties for air evacuation until one platoon of the airborne medical company is landed. When landed, one medical platoon establishes station within $\frac{1}{2}$ mile of the air head serving the air head personnel, preparing casualties for air evacuation and acting as a clearing company.

43. EQUIPMENT AND TRANSPORTATION. **a.** The medical equipment of the medical detachments of the airborne division is similar to that of any medical detachment and includes medical chests, flight service chests, splints, and litters. In addition to this standard equipment, airborne medical detachments are equipped with cocoa units, crash splint units, and the pouch, medical, parachutist. The number of items and their amount is in proportion to the size of the particular detachment. (See appropriate T/O & E.)

b. No transportation accompanies the infantry parachute regimental medical detachment. During operations behind enemy lines, it is expected that captured vehicles may be used as ambulances. Transportation may be brought forward by gliderborne or air landed units for use by the detachment when feasible and practicable. In the glider infantry regimental medical detachment, the headquarters section and each battalion section have several $\frac{1}{4}$ -ton trucks and an equal number of $\frac{1}{4}$ -ton trailers. Both trucks and trailers can be adapted for use as patient carriers. The medical detachments of other units of the division all have a small number of $\frac{1}{4}$ -ton trucks and trailers.

44. TRAINING. a. Individual. In addition to the basic, technical, and tactical training required for every medical soldier, every man must qualify either as a parachutist or as a gliderman. In all glider units, a portion of the medical detachment may be qualified parachutists. A proportion of the technicians—surgical, medical, dental, and clerical—should be trained in technicians schools.

b. Unit. Training should include the establishment and disestablishment of aid stations, the loading and unloading of equipment from aircraft, the preparation of casualties for air evacuation, the loading of casualties into aircraft, the improvisation of vehicles for use as patient carriers, packaging and dropping of medical resupply by parachute, and the knowledge and use of such special equipment as the crash-splint units and parachutist's medical equipment. Each medical detachment should be trained as a coordinated whole after the subordinate sections have reached proficiency.

c. Combined. Combined training of each detachment with the unit it supports, and as a part of combat team and division exercises, is the final phase of training, and is prescribed by higher authority. Combined tactical training is of great importance in successful operation of the airborne division.

45. ADMINISTRATION. a. In general, administration is the same as in the medical detachment. Personnel reports and medical reports do not differ.

b. Based upon a 25-percent casualty expectation, medical detachments should carry at least a 3-day supply of expendable medical items. Exhausted supplies can be replenished by supporting medical units in the rear. Isolated parachute and glider units may be resupplied by air. The resupply of surgical equipment may be accomplished by using the chest, medical supplies, supplemental. This can either be dropped by parachute or carried in by air-landed units.

c. When not in combat, the headquarters section of each detachment operates a dispensary for personnel of the detachment and the unit supported.

Section III. MEDICAL DETACHMENTS OF NONDIVISIONAL UNITS

46. TANK DESTROYER BATTALION. a. **General** (see T/O & E 18-25 and 18-35). Both the tank destroyer battalion, self-propelled, and the tank destroyer battalion, towed, have small medical detachments. Each detachment consists of a medical officer as commander, certain noncommissioned officers, aid station personnel, and two company aid men for each company of the battalion. Each detachment has the usual kind of medical equipment including MD chests, litters, splints, and blankets. A command post tent is furnished and vehicles and a trailer are provided.

b. **Employment.** The employment of tank destroyer battalions is characterized by cross-country mobility, frequent change of firing positions, and dispersal of companies of the battalions. Consequently, the first echelon medical service will be difficult. The aid station will be required to move quickly and often, maintaining close support of the battalion. For this reason, the station should be established only where necessary and only in such part as is necessary. Much dependence must be placed on the company aid men. Casualties may be evacuated to the aid station or to designated collecting points according to plan. This evacuation may be performed either by litter (using improvised litter bearers) or by improvising detachment vehicles as patient carriers. The detachment must be supported by the nearest unit giving second echelon medical service. Casualties will be picked up at the collecting points and aid station and evacuated to medical installations in the rear. A plan for this evacuation must be made in advance and close cooperation between the medical detachment commander and the commander of the collecting unit is necessary. In general, medical detachments of tank

destroyer units function similarly to medical detachments of the armored division. (See par. 34.)

47. ANTI-AIRCRAFT ARTILLERY BATTALIONS. The various anti-aircraft artillery battalions have small medical detachments which are similar in organization and function. A "type" unit is the medical detachment, anti-aircraft gun battalion, mobile. (See T/O & E 44-15.) This detachment is commanded by a medical officer and includes noncommissioned assistants, battery aid men, and aid station personnel. Medical organizational equipment is standard and is sufficient to operate an aid station. Employment of this and other anti-aircraft artillery battalion medical detachments is similar to that of the medical detachment, division artillery. (See par. 33.)

48. QUARTERMASTER AND SIGNAL BATTALIONS. The various types of quartermaster and signal battalions have small medical detachments standard in organization and function. Since many of these units will not operate under actual combat, the principal function of the detachments will be operation of a dispensary. (For type detachments, see T/O & E 10-56 and 11-15.)

49. OTHER MEDICAL DETACHMENTS. Every unit the size of a battalion or larger has a medical detachment. Many representative ones have been described in preceding sections and to attempt a detailed description of the others would be repetitious. The organization, equipment, and functions of these other detachments, such as the engineer regiments and special brigade, field artillery battalions, and air force squadrons are fundamentally similar; their employment depends upon the nature of the unit to which attached.

CHAPTER 4

MEDICAL BATTALION, INFANTRY DIVISION

Section I. GENERAL

50. ORGANIZATION. The medical battalion is an organic battalion of the infantry division performing, for the division, second echelon medical service. (See par. 4 for definitions of echelons of medical service.) The medical battalion consists of a battalion headquarters and headquarters detachment, three collecting companies, and one clearing company. (See fig. 23 and T/O & E 8-15.)

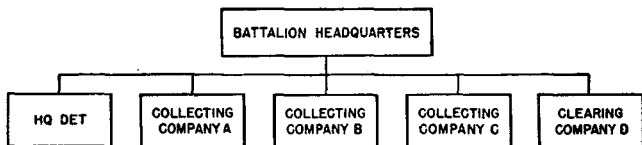


Figure 23. Organization of the medical battalion.

51. FUNCTIONS. a. Headquarters and headquarters detachment. The functions of headquarters and headquarters detachment are as follows:

(1) Command and staff functions for the medical battalion operating, for this purpose, a *battalion command post*. Here are located the offices of the battalion commander and his staff, and the message center.

(2) Personnel administration for all units of the medical battalion.

(3) Requisition and procurement of medical supplies for the entire division including the operation of a *division medical supply point*.

(4) Requisition and procurement of all classes of supply for the battalion, operating a *battalion supply point*.

(5) Second echelon motor maintenance for all vehicles of the battalion operating, for this purpose, a *battalion motor repair park*.

b. Collecting company. Each of the three identical collecting companies is an autonomous element of the battalion designed to give medical support for one of the three regiments (or combat teams) of the division including evacuation of casualties from aid stations, their treatment in collecting stations, and finally, evacuation to the division clearing station. A collecting company evacuates all units within the zone of action of its respective infantry regiment.

c. Clearing company. The clearing company operates one or two clearing stations near the division rear boundary for the further care and treatment of casualties pending their removal from the division area by third echelon (army) medical service.

52. EQUIPMENT AND TRANSPORTATION. **a.** The headquarters and headquarters detachment is equipped to operate the battalion command post, to perform administration of personnel of the battalion, and to operate the battalion supply point and division medical supply point. It maintains a small reserve stock of medical supplies for distribution to other units of the battalion and division. Each collecting company is equipped to operate a collecting station and to evacuate casualties by ambulance to the clearing station. The clearing company has two station platoons each equipped to operate one clearing station independently of the other, or they may combine to form one large station.

b. The medical battalion has a sufficient number of vehicles to carry all its equipment but not all its personnel unless the battalion ambulances are used for transport, supplemented by approximately six 2½-ton cargo trucks from the division quartermaster company or from an army quartermaster truck company. Only the collecting companies have ambulances.

c. For further details of the equipment and transportation of the medical battalion, consult the following sections of this chapter dealing with subordinate battalion units.

53. TRAINING (see par. 8). The medical battalion commander is responsible for the training of his battalion in accordance with training directives formulated by the division commander who will prescribe the general policies to be observed and the objectives to be attained. Technical methods and procedures to be employed in the treatment of sick and injured are prescribed by the division surgeon. Directives issued by the division commander are ordinarily expressed in general terms and must be interpreted in more specific instructions to the headquarters detachment and companies. Commanders of these units are responsible to the battalion commander for the training of their respective units but do not thereby relieve the latter of his ultimate responsibility to higher authority for the state of training of all units. Upon the experience and competence of subordinate commanders and upon the scope and nature of training objectives will depend the amount of detail necessary in battalion training orders, and the need for close supervision on the part of the battalion commander. In the attainment of general objectives, reasonably competent subordinates may be permitted considerable latitude, but training for a special operation such as an attack of a river line or a night attack should be closely coordinated and supervised.

a. *Individual and subordinate unit training* is conducted by the subordinate commanders who prepare the training programs, assign the instructors, and supervise the instruction. The battalion commander may facilitate individual instruction by establishing battalion schools in certain subjects.

b. *Battalion training*, which is the joint training of all the subordinate elements of the battalion to perfect them in operating with each other as a team, is the special responsibility of the battalion commander not

shared by his subordinate commanders. Assisted by S-3, he prepares the programs and conducts the training. The scope of this training should include—

(1) Second echelon medical service in all types of operations in which the division may engage. Such training should be conducted both day and night, and under all possible conditions of terrain and weather.

(2) Medical support of security detachments.

(3) Marches and march control. Convoys, especially at night without lights. Passive antiaircraft protection on the march.

(4) Bivouacs, security, concealment, and camouflage.

(5) Unit supply of all kinds under all conditions, unit distribution, railhead distribution, and medical supply in combat.

(6) Movements by motor (other than tactical), rail, and (when indicated) water. Loading of equipment on carriers, entrucking, entraining, and embarking, and the reverse operations.

c. Combined training of medical battalion units with other elements of the division is the responsibility of the appropriate higher commander who prepares the programs and conducts the training.

54. ADMINISTRATION. a. Personnel. The companies and the headquarters detachment submit morning reports (and such other rosters and reports as may be required) to the personnel section of battalion headquarters, where all personnel reports required by higher echelons are prepared.

b. Medical. Battalion headquarters periodically submits the following medical reports to the division surgeon (frequently this function is delegated to the clearing company):

(1) *Casualty reports.* These reports are prepared by consolidating the casualty reports submitted to battalion headquarters by the companies of the battalion.

(2) *Report of Sick and Wounded.* This is submitted in accordance with AR 40-1025.

(3) *Statistical Reports.* WD AGO Form 8-122 is submitted in accordance with AR 40-1080, and other current War Department instructions. Its purpose is to provide information on the state of health and hospitalization of troops.

c. Supply. Supplies that are issued automatically in the field such as rations and fuel are issued on the basis of strength and status reports submitted to division headquarters for incorporation into the daily telegram. The battalion supply officer ordinarily draws such supplies and distributes them among the companies on the same basis. For procurement of other supplies for the battalion and for medical supply for the division, see FM 8-10.

d. Maintenance of transport. Companies perform first echelon motor maintenance and whatever second echelon maintenance of which they are capable. The motor maintenance section of the headquarters detachment performs whatever second echelon service cannot be done by the companies. Third echelon maintenance is a function of the division ordnance company.

e. Care of sick and injured. The clearing company operates a dispensary for treatment of battalion personnel except when the clearing station is in operation; then personnel of the battalion receive treatment at one of the departments.

f. Messing. Ordinarily each collecting company and clearing company operates a mess. The personnel of battalion headquarters and headquarters detachment are messed with the clearing company.

Section II. HEADQUARTERS AND HEADQUARTERS DETACHMENT

55. ORGANIZATION (see T/O & E 8-16). Headquarters consists of the battalion commander, his staff, and enlisted assistants. The headquarters detachment is an autonomous element of the medical battalion comparable to the four companies and directly subordinate to the battalion commander. It has a number of func-

tions pertaining to all units of the battalion. Hence, it is divided into sections: the detachment headquarters section, the personnel section, the general and medical supply section, and the motor maintenance section. (See fig. 24.)

56. FUNCTIONS. a. Battalion headquarters section.

The functions of this section are the command of the medical battalion and all the necessary staff procedures except supply. For these purposes, headquarters establishes and operates a battalion command post in which are located the offices of the battalion commander and his staff, and the message center. The command post is ordinarily in the vicinity of the clearing station.

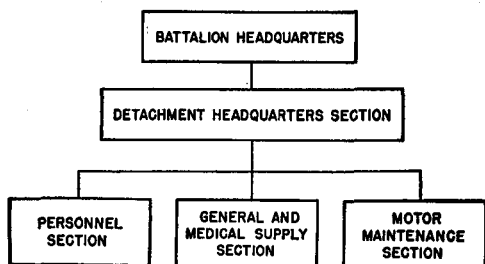


Figure 24. Organization, headquarters and headquarters detachment.

(1) *The battalion commander* is directly responsible to the division commander for the administration, discipline, training, and operations of the battalion in all situations. In accordance with policies and decisions of the division commander, the medical battalion commander makes necessary decisions and his staff elaborate the details necessary to carry them into effect.

(2) *The executive officer* is the principal assistant and advisor of the battalion commander. He heads the battalion staff. He carries on much of the routine administration informing the commander of the situation and of the actions taken. He obtains necessary decisions from



Figure 25. Battalion Command Post.

the commander, makes the required supplemental decisions, and directs and coordinates the work of other battalion staff officers in the preparation of plans and orders. He keeps abreast of the situation in order to be able to advise the commander intelligently at all times. In the absence of the commander, he directs the activities of the battalion in conformity with the established policies of the commander.

(3) *Adjutant and personnel officer (S-1)*. Charged with the conduct of all of the administration of the battalion except that pertaining to supply and to maintenance of equipment. The more important of his functions are in connection with—

(a) Correspondence of the battalion.

(b) Maintenance of an office of record for the battalion (files of correspondence, reports, returns, records, orders, etc.).

(c) Personnel administration, including that associated with replacements.

(d) Preparation, authentication, and distribution of all informative and directive matter issued by the battalion commander, except that associated with training and with combat operations.

(e) Casualty reports.

(f) Operation of the battalion message center.

(g) Postal service of the battalion.

(h) Educational, recreational, morale, welfare, and public relations activities.

(4) *Intelligence officer (S-2)*. Duties include all matters pertaining to intelligence and counterintelligence, the camouflage of battalion installations and equipment and the furnishing of maps to all battalion organizations. He may be delegated liaison officer at division headquarters or with other units.

(5) *Plans and training officer (S-3)*. Concerned with all functions associated with the operations and training of the battalion. The more important of these are:

(a) Keeping constantly informed of the location and operations of each subordinate element of the battalion.

(b) Keeping informed of the state of training of each subordinate element of the battalion, and of the training policies and orders of the next higher echelon.

(c) Collection and evaluation of all data bearing upon the operations of the battalion.

(d) Preparation of training orders and programs for which the battalion commander is responsible.

(e) Preparation of the field orders issued by the battalion commander. (See FM 8-55.)

(f) Planning of operations, including anticipatory planning of possible future operations. As each situation unfolds he not only develops the plan adopted, but also commences the preparation of contingent plans against possible eventualities filling in the details as necessary data are accumulated.

(g) Preparation and maintenance of situation and operations maps.

(h) Preparation of reports pertaining to operations and to training.

(i) Supervision, under the commander, of the training of the battalion.

(6) *Attached chaplain.* A chaplain is attached to the medical battalion for the purpose of administering to the spiritual needs of casualties evacuated from the division and battalion personnel. His duties will ordinarily require his presence at the clearing station for this is the funnel through which all casualties pass. He is assisted in his duties (see TM 16-205) by an enlisted chaplain's assistant.

(7) *Enlisted personnel.* Duties of the enlisted personnel are indicated by their titles.

b. Detachment headquarters section. (1) In this section is vested the command, administration, supply, and motor maintenance for all units in headquarters detachment. It does not operate a mess but has cooks who are attached to the clearing company mess with whom headquarters and headquarters detachment messes.

(2) The detachment headquarters section is commanded by an officer of the Medical Administrative Corps who, by reason of this command, commands the entire

headquarters detachment (but not battalion headquarters). This commander is also the battalion supply officer (S-4), and division medical supply officer. Thus, he has *three separate functions*. In his capacity as battalion supply officer, certain specific duties are required of him as follows:

(a) Prepares all requisitions for supplies required by all elements of the battalion.

(b) Issues all supplies to the elements of the battalion.

(c) Maintains the only jacket file of property in the battalion.

(d) Keeps the battalion commander informed of the supply situation, and projects supply planning into the future.

(e) Supervises, for the commander, the operation and maintenance of the transport of the battalion.

(f) Collects and disposes of the salvage.

(g) Supervises the disbursement of appropriated funds allotted to the battalion, except those for pay of troops. He may be designated an agent of a disbursing officer to pay the troops of the battalion.

c. Personnel section. This section operates under supervision of S-1 (adjutant) of the medical battalion and usually consists of one warrant officer, a technical sergeant, and clerks, including one clerk from each company in addition to those of headquarters, for the execution of all matters pertaining to service records, correspondence, pay rolls, and other records and reports pertaining to personnel of the medical battalion.

d. General and medical supply section. (1) This section is charged with the procurement and distribution of all supplies for the medical battalion and medical supplies for the entire division. It handles all food, clothing, fuel, equipment, and other supplies including medical, for the battalion. It also distributes such items as first-aid packets, foot powder, and sulfadiazine tablets to all units of the infantry division. Medical detachments of the infantry division obtain their medical supplies from this section. The section is functionally divided into two groups.

(a) *General supply group.* This group performs all the operations associated with the supply of the battalion such as the preparation of consolidated requisitions, the receipt of all supplies consigned to the battalion, their distribution among the elements of the battalion, and the maintenance of a jacket file for the battalion. This section is not concerned with the supply of the headquarters detachment other than to obtain supplies for it and to deliver them in bulk just as in the case of any other subordinate element of the battalion. Companies of the battalion, including the headquarters detachment, submit their supply requirements to the battalion supply officer (S-4). These requirements are consolidated by this group according to issuing arms and services, and such consolidated requisitions are forwarded through the proper channels to the proper supply agency. That is, all items of quartermaster supply required by all elements of the battalion are placed on one requisition, all items of ordnance supply on another, all items of medical supply on another, etc. Trucks are sent to the depot or railhead to pick up supplies and bring them to the battalion supply point. Supplies are then distributed among the companies of the battalion in proportion to their original requests, or in any other proportion directed by the battalion commander. Supplies that are issued automatically are received by this group and distributed among the companies in proportion to their strengths. All classes of supplies are received in bulk lots which must be broken down at the supply point into company lots. A space is set aside for the receipt of bulk loads, and an appropriate space for the loads of each company (including the headquarters detachment). Upon receipt of supplies, they are distributed among the several company spaces in the amounts required by the respective companies. Company transport may be sent to the supply point for the supplies, or the supplies may be delivered to company bivouacs by headquarters detachment transport. (See fig. 26.)

(b) *Medical supply group.* This group consolidates the requisitions for medical supplies submitted by all

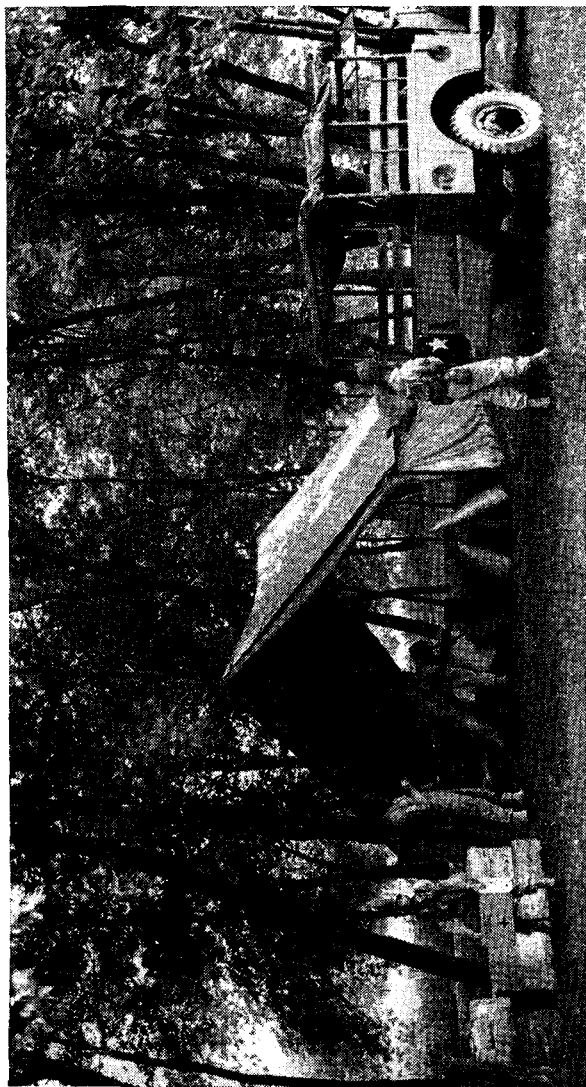


Figure 26. Supply section distributes medical supplies to entire division and general supplies to medical battalion.

units of the division, procures such medical supplies from the proper medical depot, usually that of the army, and distributes these medical supplies, usually at the medical distributing point to unit supply officers.

(2) *In other than combat situations*, medical supplies requisitioned through channels by unit supply officers (of all units of artillery, infantry, engineers, etc., and of the medical battalion itself), as approved by the division surgeon with authority of his commander, are sent to the division medical supply officer. This officer consolidates the requisitions and forwards the total requirements (either by requisition or as a draft against a credit) through the army surgeon to the army depot. Upon receipt of medical supplies, they are distributed (usually at the division medical distributing point) to unit supply officers who "call" for them by sending trucks to pick them up. In the case of medical supplies for the medical battalion, the medical battalion supply officer (S-4) (working through the *general supply group*) requisitions such as are required. This requisition is forwarded through channels to the division surgeon who, by the authority of his commander, approves or modifies it. It then goes to the division medical supply officer, the same officer who signed the requisition, but who now acts in his capacity as the division medical supply officer working through the *medical supply group* of the supply section in honoring the requisition. The medical supply group transfers the medical supplies to the general supply group which in turn distributes them among the companies of the battalion. It will be seen that the two supply groups of the supply section of the headquarters detachment are in different echelons of supply, and this is the reason why their functions must not be confused either in concept or in practice.

(3) *In combat*, every consideration is subordinated to the objective of keeping medical units supplied, and formal procedures are dispensed with. The division medical supply group establishes and operates a medical supply point (sp), usually in the vicinity of the clearing station, stocking it initially from the rolling reserve it

carries, and replenishing its stock from the medical depot of a higher echelon. Supplies are issued at the supply point most informally to every unit sending for them.

e. Motor maintenance section. The functions of this section are to provide second echelon motor maintenance for all vehicles of the medical battalion, to conduct periodic inspections of vehicles, and to keep appropriate records of these inspections. Personnel of this section also act as technical advisors to drivers and mechanics of the individual companies of the battalion in their performance of motor maintenance. Repairs beyond those prescribed as second echelon may be performed by the motor maintenance section when time, tools, equipment, and abilities of the mechanics permit. Ordinarily, however, vehicles requiring third echelon maintenance are referred by S-4 to the division ordnance company providing such facilities. The section commander, in his duties, is responsible to S-4, acting as his assistant in the supervision of the operation of motor maintenance. Enlisted personnel of the section consist of a motor sergeant and automobile mechanics who also act as drivers for the section vehicles. (See app. for scope of echelons of motor maintenance.)

57. EQUIPMENT. The *battalion headquarters section* is equipped with a blackout command post tent (see fig. 25) and office equipment for performance of command and staff functions and operation of the message center. A field desk and typewriter are included. Office equipment is also provided for the *detachment headquarters section* and the *personnel section*, in particular, a record chest and two field desks. The *supply section (medical and general)* is equipped with squad tents; a rolling reserve of medical supplies including dressings, splints, litters, blankets, and plasma for distribution to companies of the battalion; medical text books for reference on such subjects as anesthesia, abdominal and genito-urinary injuries, dermatology, surgical anatomy, burns, shock, and wounds, orthopedic surgery, and

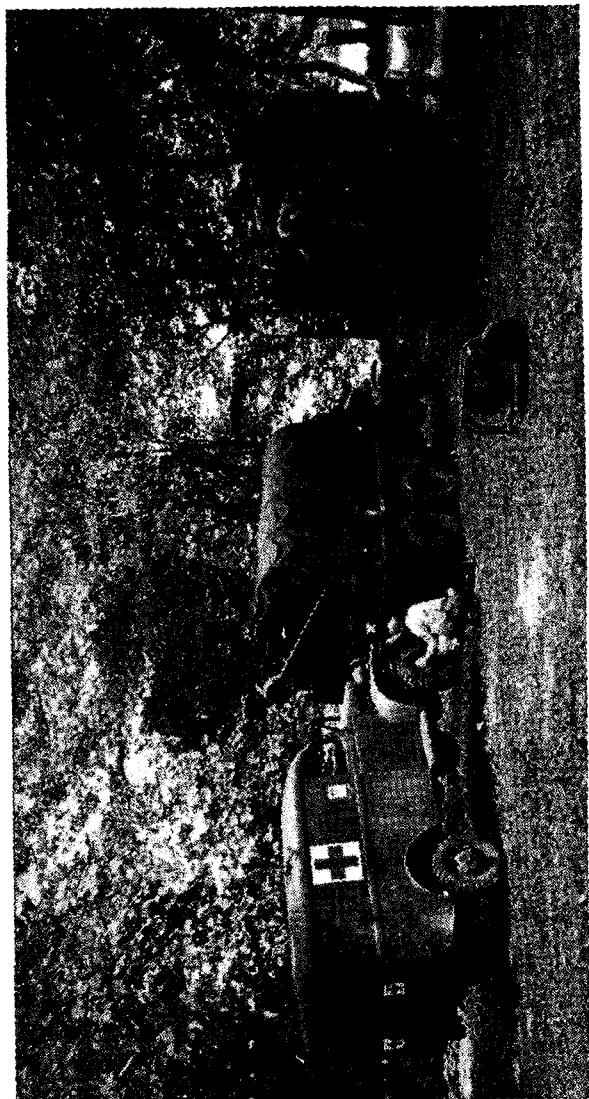


Figure 27. Motor repair park operated by motor maintenance section.

chemical warfare casualties; a commissary roll which contains butcher knives, cleavers, bone saws, etc., used in preparation of meats before distribution to companies; a field safe and a typewriter. The motor maintenance section is equipped with tool sets, second echelon motor equipment sets, welders' equipment, and spare parts.

58. TRANSPORTATION. Headquarters and headquarters detachment has a few light and heavy trucks for liaison work and hauling supplies and equipment. One heavy truck has a winch for use in extricating disabled vehicles.

59. TRAINING. a. General. Based upon the training orders of the battalion commander, training programs are prepared by the detachment commander who assigns the instructors and supervises the instruction. Because of the diversity of functions of this unit, the conduct of training must be largely decentralized to section commanders. The detachment commander, however, may not delegate any of his responsibility for the training of any section. Because of the many functional demands upon the headquarters detachment from the moment the battalion is organized, unit training must be planned carefully if it is to be conducted efficiently without neglecting routine duties. Since the detachment rarely operates as a unit, unit training will be limited to such procedures as drills and ceremonies, marches, bivouacs, and movement by motor and rail.

b. Individual. There is the danger in a unit of this kind that the Medical Department training of the soldier may be neglected. This must not be permitted for two reasons: first, emergencies may arise when all other functions must be suspended temporarily and all personnel used in care of sick or injured; and second, every soldier wearing Medical Department insignia is rightfully expected by others to be able to render emergency treatment. Every Medical Department soldier should be qualified basically in his service just as an effort is

made to qualify every infantry soldier, regardless of his special duties, in the use of the weapons of his arm. Specialists to be trained are clerks, supply clerks, cooks, automobile mechanic, mess sergeant, motor sergeant, and a supply sergeant.

c. Unit. Since the headquarters detachment must start functioning as soon as the battalion is mobilized, much of the training will be acquired in the actual performance of duty. However, the conditions will undoubtedly differ from those in the field and particularly in combat. This applies especially to the medical supply group and to a lesser extent to the battalion supply group, and training of groups to operate under field and combat conditions should be commenced early. Examples of such training are:

(1) Establishment and operation of the battalion supply point under all conditions of combat, rapid division of battalion lots of supplies into company lots on the basis of strength, proper handling of all items of supply, and selection of routes for the distribution of supplies.

(2) Establishment and operation of a medical supply point, unloading the rolling reserve and arranging the supplies for convenient distribution, familiarity with all items of the rolling reserve and where they are loaded.

(3) Maintenance of motor transport under combat conditions, emergency repairs and adjustments at night without lights, extrication of vehicles from obstacles, moving of disabled vehicles, and rapid servicing.

60. ADMINISTRATION. **a.** The administration of the headquarters detachment must not be confused with the administrative functions of its component sections in connection with battalion administration and the medical supply of the division. The special administrative functions of these sections may be compared with the tactical functions of the subordinate elements of a collecting company, functions entirely apart from company administration.

b. The headquarters detachment has all the administrative functions of any company. It clothes, equips,

disciplines, and accounts for its personnel. It draws its supplies from the battalion supply officer in the same manner as the companies of the battalion, and the fact that the battalion supply officer and the detachment commander are the same individual in no way alters its supply procedures.

Section III. COLLECTING COMPANY

61. ORGANIZATION (see T/O & E 8-17 and fig. 28). There are three collecting companies in the medical battalion identical in organization and each designed to give medical support to an infantry regiment. Each consists of a company headquarters and three platoons: station platoon, litter bearer platoon, and ambulance platoon.

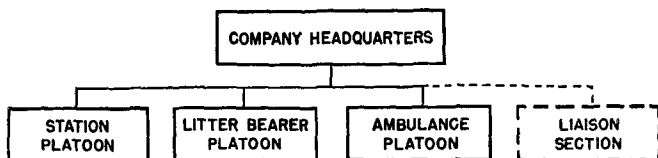


Figure 28. Organization of a collecting company.

Tables of Organization do not prescribe a liaison section. Nevertheless liaison between the collecting company and the aid stations of the combat unit supported must be maintained. For this purpose a liaison section may be improvised from personnel of the company.

62. FUNCTIONS. a. General. The functions of each collecting company are as follows:

(1) Evacuate casualties from the aid stations operated by the medical detachment of the infantry regiment. This evacuation is usually performed by litter.

(2) Maintain contact with the aid stations supported, improvising for this purpose a liaison section.

(3) Establish and operate a *collecting station* for casualties requiring treatment while en route to the rear.

(4) Evacuate casualties from the collecting station to the division clearing station. For this purpose, an *ambulance shuttle* may be employed.

(5) Replenish medical supplies of the aid stations supported in combat.

(6) While on the march, establish a *march collecting post* when such is necessary for the treatment of march casualties dropped there by the medical detachments, and operate a system of ambulance evacuation to the clearing station or other medical installation previously designated to receive casualties occurring on the march.

(7) In other than combat situations, provide for the transportation of casualties from unit dispensaries to the clearing station or other medical installation designated to receive them.

(8) Provide the personnel to assist the division surgeon in supervision, administration, and instruction in all matters of sanitation. Medical personnel are furnished to inspect, demonstrate, and instruct in sanitation and are *not* to be employed as sanitary laborers or police details for other units. AR 40-205 prescribes their duties.

(9) Furnish personnel for interior guard for the battalion.

b. Company headquarters. (1) The functions of company headquarters are command, administration, supply, mess, and motor maintenance for the company. In battle, these functions are carried out at or near the site of the collecting station. There is only one officer in headquarters, the company commander. His principal assistant is the first sergeant who performs many of the administrative details. Clerical work is performed by the company clerk. Preparation of the mess is the responsibility of the mess sergeant, who is assisted by cooks and cooks' helpers. The kitchen is established near the collecting station and prepares meals for company personnel and casualties treated at the station. The supply sergeant is charged with all matters of company supply. The liaison sergeant is responsible for maintaining communication with unit aid stations and

is in charge of the liaison section improvised for that purpose. The motor sergeant is assisted by a mechanic. A bugler, truck drivers, and basics constitute the remainder of the headquarters personnel.

(2) Company headquarters establishes a *command post* at a convenient location in camp or bivouac, and normally at the collecting station during combat. Personnel at the command post are the company commander, first sergeant, and company clerk. The message center is a part of the command post and functions at the receiving department of the collecting station. (See fig. 29.)

c. Liaison section. (1) It is imperative that the collecting company establish and maintain liaison with the aid stations. Tables of Organization do not prescribe a specific liaison section so it must be improvised from well-trained enlisted men of the company. There should be four liaison agents, one for each of the battalion aid stations and one for the regimental aid station. The liaison sergeant in charge of the section remains at the collecting station and operates the message center.

(2) The liaison section may operate in a number of ways as follows:

(a) Each liaison agent learns from the collecting company commander the probable location of the collecting station, and then joins his assigned medical section before it leaves its assembly area. He remains with the aid station personnel until the aid station is established, and then goes back to the collecting station to inform the collecting company commander of the location of the aid station. After reporting this location, he returns to the aid station leading with him collecting company litter bearers. In this way, the chain of evacuation from aid station to collecting station becomes established.

(b) A method similar to the above may be employed with the exception that each liaison agent returning from an aid station proceeds to a predesignated intermediate point between the aid stations and the collecting station. This point should be one easily identified.

Here the liaison agents will meet litter bearers who have been sent forward from the collecting station to the designated point and will guide them to the aid stations. This method is time-saving, and is valuable when impossible to furnish the liaison agents with definite information of location of the collecting station. However, it is preferable to have the liaison agents informed *in advance* of the exact location of the collecting station and have them return to it.



Figure 29. Message center of collecting station.

(c) If medical sections have proceeded to their aid station sites before the attachment of liaison agents, the latter may remain with the collecting station until it is established and then go forward to seek the aid stations. This method is less reliable than the first two described.

(3) Liaison agents remain with their respective aid stations and are required to keep the collecting company commander informed of the medical situation at the

aid stations. This is usually done by sending back written messages with returning litter bearers or walking wounded, or by having a runner deliver the message. When an aid station moves its position, this information must be promptly reported, indicating the new position. Requests for medical supplies are also sent back by written message.

d. Litter bearer platoon. (1) The litter bearer platoon is commanded by an officer of the Medical Administrative Corps who is assisted by a platoon sergeant, a section leader, and an assistant section leader. The remainder of the platoon is composed of litter bearers, and a few surgical technicians who also act as litter bearers.

(2) The primary duty of litter bearers is to evacuate casualties from the aid stations to the collecting station. When unit medical sections are forced to move quickly in order to maintain medical support of units to which they are attached, litter bearers may have to clear the field of wounded in the areas abandoned by the medical sections. To shorten the distance of the carry and thus ease the work of the bearers, *litter relay posts* should be established whenever possible. The wounded soldier is carried by hand litter to a point on a road or trail designated as the litter relay post. Here, the casualty is transferred to a wheeled litter. The litter squad with the hand litter goes back to the aid station for another casualty. In the meantime, the first casualty is taken to the collecting station. After delivering the wounded soldier, this litter squad returns to the relay post for another. The use of wheeled litters not only eases the work, but also permits the use of two-men litter squads for long carries. However, litter relay posts may be used even when it is not practical to use wheeled litter. (See figs. 30 and 31.)

e. Station platoon. (1) *Purpose.* The station platoon establishes and operates a collecting station for the emergency treatment of casualties being evacuated from the battlefield to the clearing station. Not all casualties are held at the collecting station for treatment. Those whose injuries are not severe enough to warrant treatment at this point are transported without delay to the



Figure 30. Litter bearers evacuate aid stations. Walking wounded may follow.

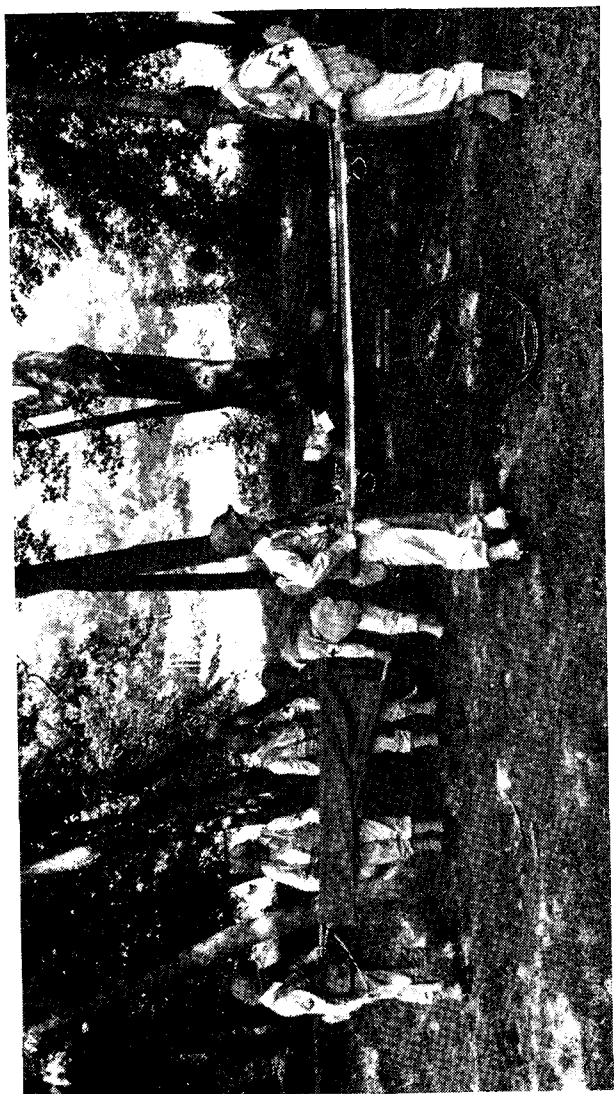


Figure 31. Litter relay post.

clearing station, but those who are bleeding dangerously, are in shock, or for any reason are unfit to withstand the rigor of further evacuation, must be retained until such time as further evacuation will not jeopardize life or limb.

(2) *Personnel.* The station platoon commander is assisted by another medical officer, certain noncommissioned officers, and medical and surgical technicians.

(3) *Collecting station.* (a) *Site.* The most important factor in the location of the collecting station is the position of the several aid stations it must evacuate. It should be centrally located in respect to these. It should be in a position which is concealed and which has sufficient defilade to protect it from small-arms fire and flat-trajectory artillery fire. The site selected must be accessible to ambulances to permit evacuation to the clearing station. Lines of drift and a nearby water supply are other desirable features to be considered. Distance from the front will vary considerably but should ordinarily be from 1,200 to 3,500 yards (approximately 1 mile).

(b) *Operation.* The collecting station is set up in several departments. All casualties brought from the front pass through the receiving department where property is exchanged. Depending on the severity and nature of their injuries, casualties are treated either at the seriously wounded or slightly wounded department. Gas casualties are treated at some distance from other departments in order to prevent their contamination. The gas department is established only if necessary and personnel for its operation must be improvised. After treatment, the wounded who require further evacuation are sent to the forwarding department where they are loaded into ambulances and an exchange of property again effected. Slightly wounded, fit to return to duty, are directed back to their units. (See figs. 33 and 34.)

(c) *Message center.* Messages brought to the collecting station by runners or litter bearers are submitted to the message center operated by the liaison sergeant of company headquarters. Here a record called a "message center log" is kept of all messages received or sent. Any

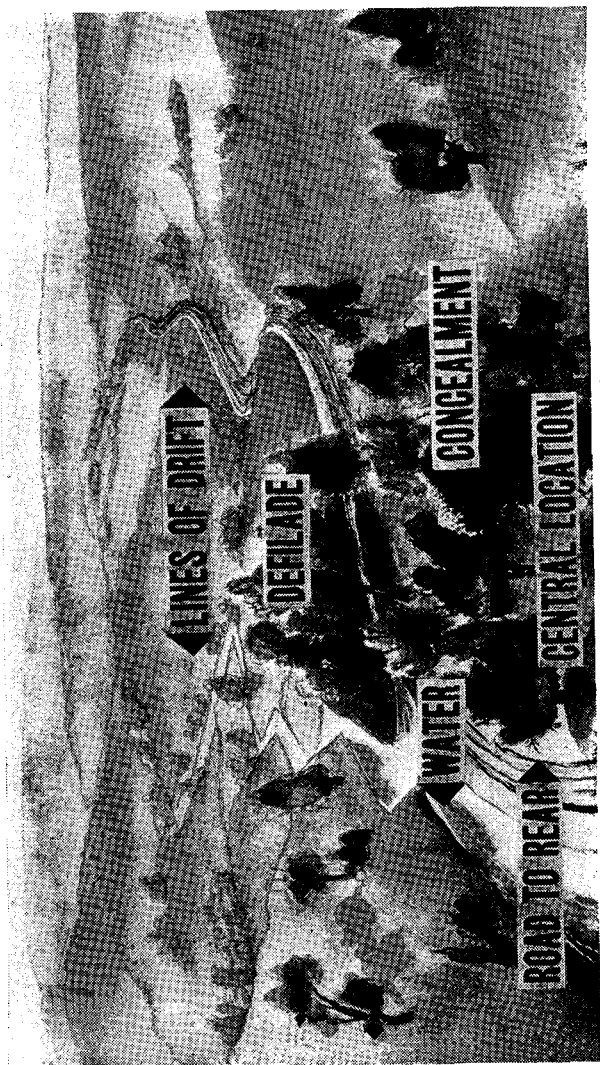


Figure 32. Collecting station site.

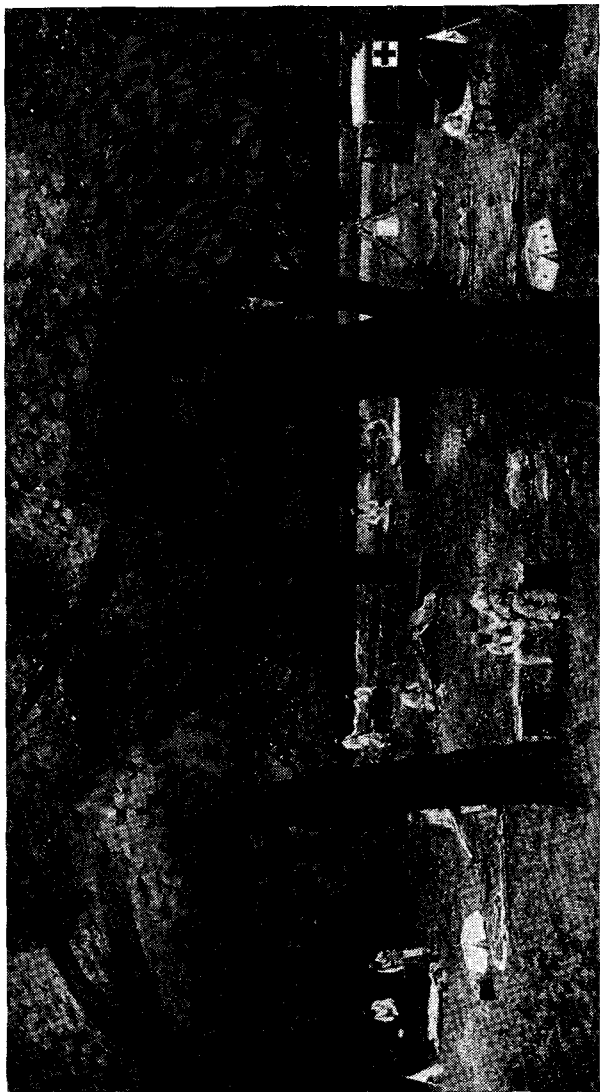


Figure 33. Collecting station—general view.

message received is referred to the *collecting company commander* or, in his absence, the officer in command of the station, for appropriate action. It is to be remembered that the message center is a part of the command post and although the latter is located at the collecting station during combat, its operation is a function of company headquarters and not of the station platoon. (See fig. 29.)

(d) *Receiving department.* Casualties arriving or brought to the collecting station are examined at the re-

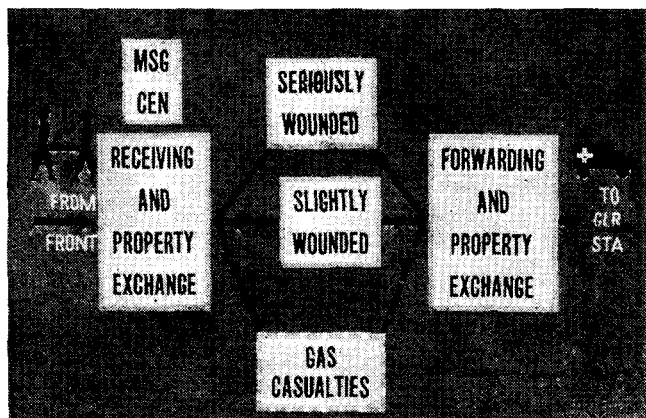


Figure 34. Collecting station—schematic.

ceiving department and sorted into *seriously* wounded and *slightly* wounded. The platoon sergeant has supervision over this department. In order to save time and to avoid unnecessary handling of casualties, litters, blankets, and splints which arrive with patients are allowed to remain with them. In order to maintain the supply of these items at the aid station, however, an equal number of litters, blankets, and splints are sent forward to the aid station by returning litter bearers. This replacement of property is termed "property exchange." (See figs. 35 and 36.)

(e) *Seriously and slightly wounded departments.* Severely wounded soldiers are taken to the seriously wounded departments; soldiers whose injuries are not serious, to the slightly wounded department. More elaborate measures are possible at the collecting station than at the aid station. However, treatment must be limited to whatever measures are necessary to save life and to prepare the evacuee for further evacuation. Splints are adjusted, dressings checked, and hemorrhage controlled



Figure 35. Receiving department.

by operative procedure rather than by tourniquet. Tetanus toxoid and morphine may be administered, and an abundant supply of plasma is available for the treatment of shock. Ordinarily, the station platoon commander assumes charge of the slightly wounded department so that he may divide his time between professional treatment and his duties as commander. The assistant platoon commander devotes his full time at the seriously

wounded department. Enlisted assistants may be delegated as required to assist in either department, to attend cases of shock, sterilize instruments, and to administer plasma, hypodermic injections, etc.

(f) *Gas casualty department.* This department is established for the treatment of gas casualties by personnel improvised from the station platoon only if necessary, and must be located down wind at sufficient distance from other departments of the collecting station to pre-

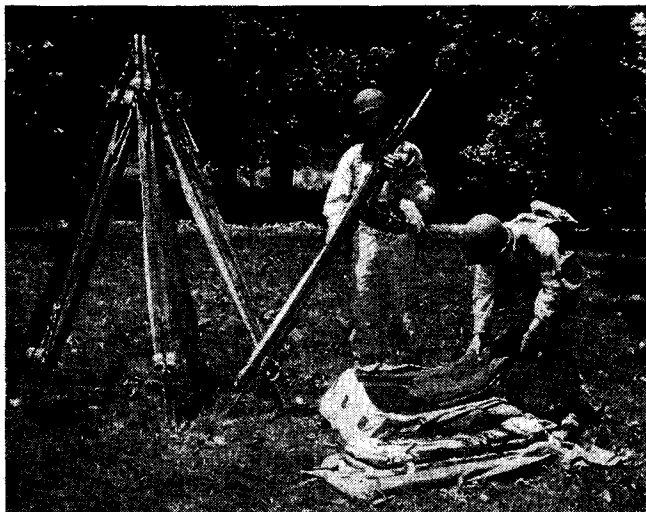


Figure 36. Property is replaced by "property exchange."

vent them from being contaminated. Personnel working at the gas department must wear gas masks and protective clothing.

(g) *Forwarding department.* After a wounded soldier has been treated, an entry of his treatment and his disposition is made on the back of his emergency medical tag. He is then sent to the forwarding department where he awaits evacuation by ambulance to the clearing station. Slightly wounded not requiring

further evacuation are returned to their combat organizations. The forwarding department is operated by a noncommissioned officer who supervises the loading of walking and litter wounded into ambulances and keeps an informal record of the number of evacuees. Property, such as litters and blankets, removed with casualties from the collecting station must be replaced with a like amount from the ambulances. Each ambulance has as

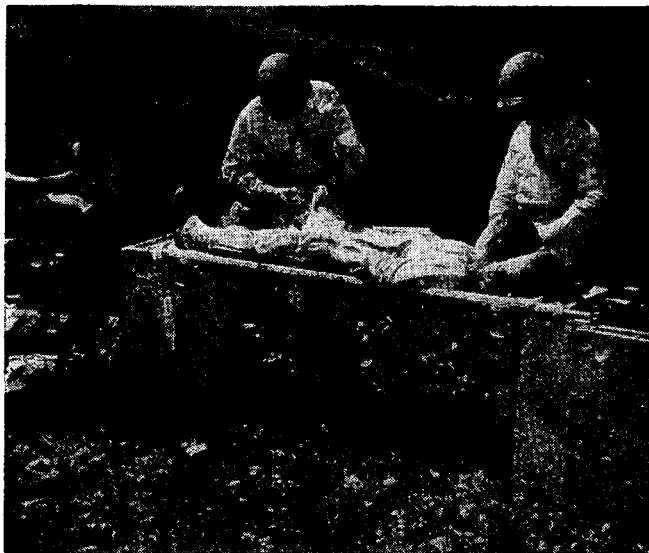


Figure 37. Seriously wounded department.

its standard equipment of litters, a supply of blankets, splints, and dressings. Property exchange is checked by the noncommissioned officer in charge of the forwarding department.

(h) *Changing station.* The collecting station must move its location as the tactical situation requires. In order that it will be able to move unhindered by an excessive accumulation of casualties, evacuation to the

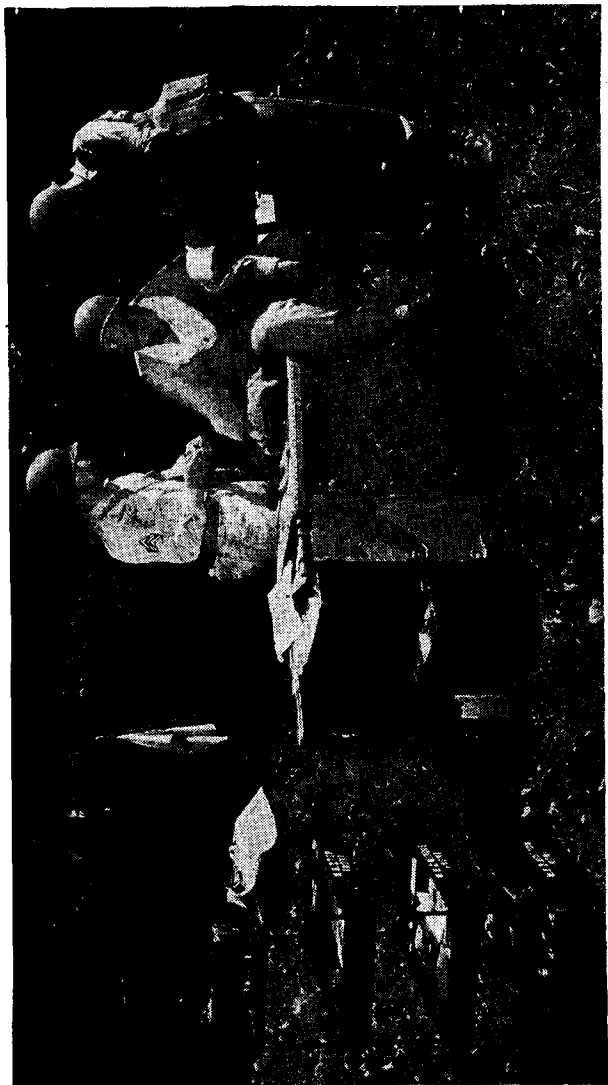


Figure 38. Slightly wounded department.



Figure 39. Casualties in shock are given plasma.

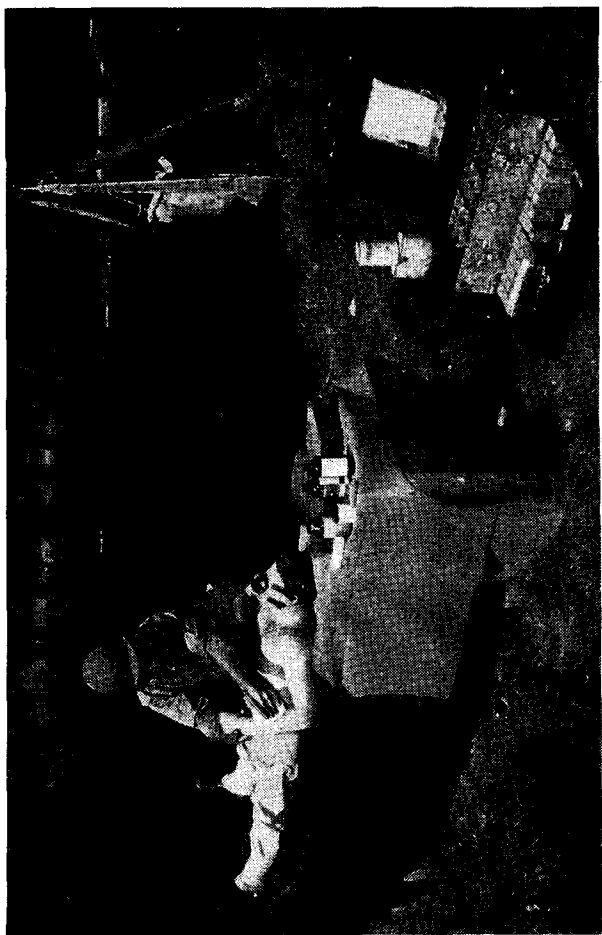


Figure 40. Gas department.

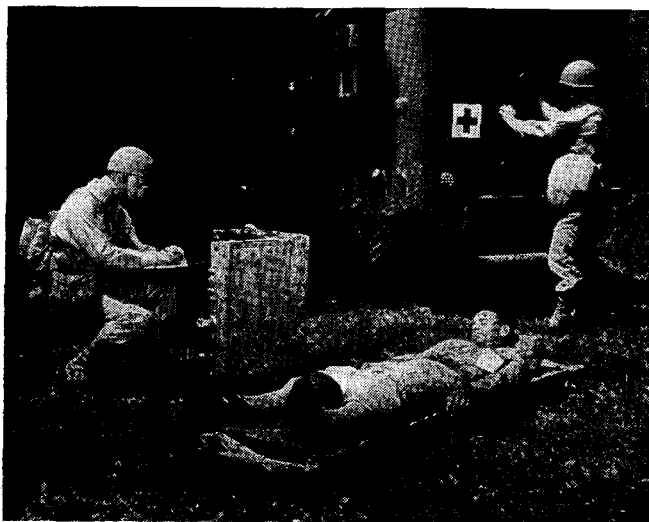


Figure 41. Forwarding department. Records kept here.

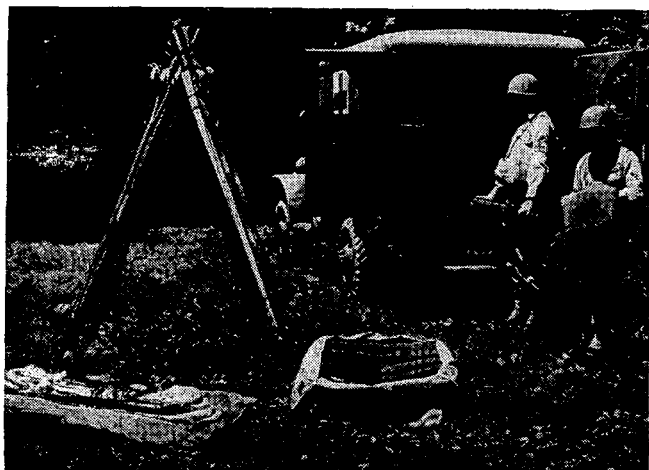


Figure 42. Forwarding department. Property exchange.

clearing station must not be delayed by reason of instituting prolonged surgical procedures. The station must be able to move with a minimum of delay. If all casualties can be evacuated promptly, the station personnel pack their equipment and load it on the unit vehicles. The command post (including message center) and kitchen likewise close, load, and move to the new location. If all casualties cannot be evacuated at once, the station may be *displaced by echelon*. The slightly wounded department is closed, moved, and opened at the new location to care for all wounded until movement of the station is complete. In the meantime, the seriously wounded department continues to function, caring for all casualties at the original station site until they can be evacuated, at which time it moves to the new location. Other departments of the station are moved in part or whole as soon as the situation permits.

(4) *March collecting posts*. When troops are marching in areas where casualties are likely to be suffered, more medical support than that furnished by company aid men must be provided. For this purpose, march collecting posts may be established at sites along the route of march. Each march collecting post is operated by one or more soldiers from the collecting station platoon and is equipped with litters, blankets, dressings, etc. Casualties occurring on the march are given initial emergency medical treatment by a company aid man and taken to the next march collecting post. Here he is attended by a medical soldier until he can be evacuated by ambulance. Although a march collecting post is a very simple installation, the principles of operating a collecting station apply. (For further details see FM 8-10.)

f. Ambulance platoon. (1) Collecting companies are the only units of the medical battalion which are equipped with ambulances. The ambulance platoon of each company is commanded by an officer who is assisted by a platoon sergeant and section leaders. Ambulance drivers and orderlies, and a light truck driver complete the platoon.

(2) The primary function of the ambulance platoon is the transportation of casualties.

(a) *In battle*, casualties are ordinarily evacuated by ambulance from the collecting station to the clearing station. However, when the tactical situation permits, ambulance evacuation may be commenced at a point forward of the collecting station, occasionally as far forward as the aid stations. Ambulances may be kept near the collecting station. As soon as an ambulance can be filled with casualties it is sent back directly to the clearing station, returning to the collecting station when unloaded.

(b) *On the march*, ambulances pick up casualties either directly from column or from collecting posts, and evacuate them to the clearing station.

(c) *In bivouac*, ambulances transport sick and injured from unit dispensaries to the clearing station.

(3) Secondarily, but nonetheless important, functions of the ambulance platoon are as follows:

(a) Transport the litter bearer platoon to the assembly area.

(b) Transport medical supplies forward.

(c) Carry messages (incidental to performance of other duties).

(d) Emergency treatment of casualties being evacuated.

(4) *Ambulance shuttle.* (a) The ambulance shuttle is a system of ambulance evacuation devised to assure a steady flow of casualties from the collecting station to the clearing station when all ambulances cannot be kept near the collecting station. One empty ambulance is camouflaged and stationed at the forwarding department of the collecting station. This may be called the ambulance loading post (ALP). Two ambulances are placed behind the collecting station at a site just off the road which offers defilade and concealment. This pair of ambulances, well separated so as to lessen the effect of enemy fire, is called an ambulance relay post (ARP). The remainder of the company's ambulances are dispersed in a defiladed position at a distance of

from 600 to 3,500 yards behind the collecting station. This position is the basic relay post (BRP) and acts as a reservoir of ambulances where vehicles are serviced, refueled, and the personnel rested. (Drivers should be relieved every 4 to 6 hours.) If it is located at a great distance from the collecting station, two ARP's should be established instead of one.

(b) As an ambulance fully loaded with casualties leaves the collecting station, it passes the ARP. This is a signal that another ambulance is needed at the ALP (collecting station). Upon noting the approach of the rearward bound ambulance, the front vehicle at the ARP

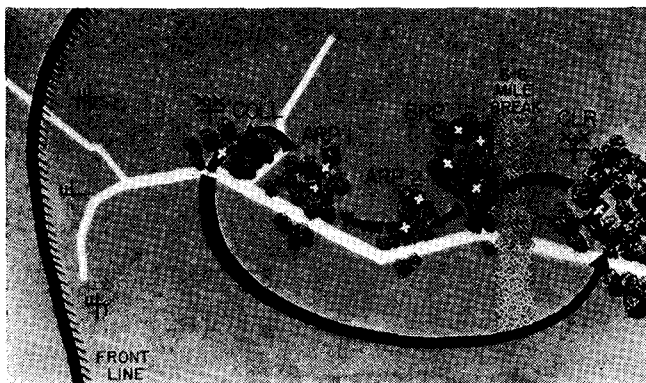


Figure 43. Ambulance shuttle.

proceeds to the ALP while the second ambulance at the ARP moves up to the position previously occupied by the first ambulance.

(c) When the rearward bound ambulance passes the basic relay post (BRP), the first ambulance thereat proceeds forward to take its station as the second ambulance of the ambulance relay post.

(d) After the rearward bound ambulance has completed its trip to the clearing station, it goes to the basic relay post and awaits the time when it must once more go forward.

(5) *Advanced ambulance shuttle.* At night, and frequently during lulls in enemy activity, ambulances may be sent forward of the collecting station to speed evacuation. For operation of the advanced ambulance shuttle, vehicles are brought from the basic relay post to avoid interference with the ambulance shuttle already in operation. Casualties are picked up at the advance ambulance loading post and taken to the collecting station (ALP). Here they are examined and treated if necessary. They are then evacuated to the clearing station in an ambulance operating in the regular shuttle. Drivers

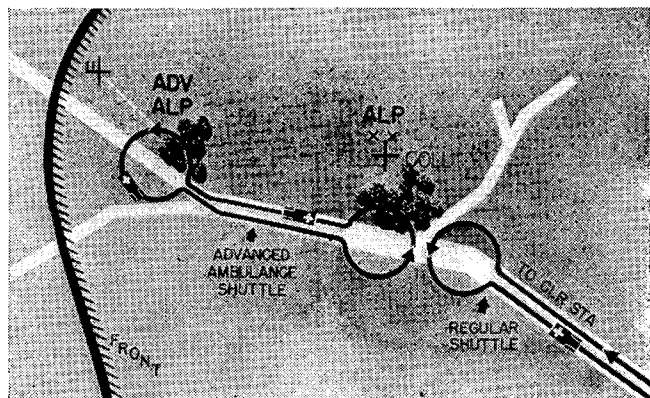


Figure 44. *Advanced ambulance shuttle.*

ers operating an advanced shuttle do not go to the rear of the collecting station. They unload casualties from their ambulances at the collecting station and return to the advance post immediately. This arrangement assures that the drivers will operate on one shuttle only, and will be thoroughly familiar with the route of that shuttle.

63. EQUIPMENT AND TRANSPORTATION (see T/O & E 8-17). **a.** The collecting company is equipped to perform its essential functions of evacuating casualties



Figure 45. Basic relay post.

by litter from aid stations, of operating a collecting station, and of transporting casualties by ambulance to the clearing station.

b. *Company headquarters* has a field desk and typewriter, a 1/4-ton truck, a few light and heavy trucks, a field range, a 250-gallon water trailer and a tent fly for use in the field kitchen.

c. The *litter bearer platoon* has a number of litters, a few collapsible wheeled litter carriers, blankets, and splint sets. This platoon has no vehicles.

d. The *station platoon* is equipped with squad tents, chests MD #1, #2, and #4, a plasma chest, gas casualty set, splints, litters, blankets, surgical dressings, and several trucks.

e. The *ambulance platoon* usually has ten 3/4-ton ambulances, a 1/4-ton truck, blankets, litters and splints.

64. TRAINING. a. **Unit.** The company as a whole is trained in the coordinated functioning of its platoons in all types of military operations such as marches, attack, defense, and retrograde movements; in marching and bivouacing as a unit; in entrucking, detrucking, entraining, and detraining with equipment. The general nature and scope of training and objectives to be obtained are prescribed by the battalion commander in his training orders. The company commander prepares the detailed programs, assigns the instructors, supervises the instruction, and evaluates the results by constant observation and frequent training inspections.

b. **Litter bearer platoon.** This unit should be in a state of high physical condition in order to withstand the arduous work of transporting casualties over difficult terrain. Litter bearers should be expert in handling and transporting casualties, in performing the various manual carries, in making and using improvised litters, in the uses of the wheeled litter and litter relay posts, and in loading and unloading ambulances and other vehicles improvised as patient carriers. (See FM 8-35.) Litter bearers, in addition, should be thoroughly trained in emergency medical treatment, be able to recognize and

take appropriate measures for those injuries which require special precautions before moving the victim.

c. Station platoon. This unit is trained in the selection of sites for and the establishment, operation, and closing of a collecting station; in the operation of such stations with reduced facilities such as collecting posts and collecting stations that must be divided; in concealment and camouflage; in the loading of ambulances; and in the use, packing, loading, and maintenance of the station equipment.

d. Ambulance platoon. This unit is trained in individual and convoy driving, on roads and cross-country, by day and night, and with and without lights; in the emergency repair of roads and bridges; in the extrication of ambulances from obstacles; in the loading of ambulances; in camouflage, concealment, and the use of terrain for protection, both moving and at rest; in emergency medical treatment; in first echelon motor maintenance; and in the operation of ambulance shuttles.

65. ADMINISTRATION. In addition to the preparation of company reports such as the morning report, daily sick report, duty roster, etc., certain medical records must be prepared. Proper entries are made on the Emergency Medical Tags of casualties treated at the collecting station. If a casualty is received at the station without an EMT, one must be prepared and attached to him. A station log is maintained which shows the name, rank and serial number of every casualty admitted, a diagnosis of his injury or illness, and the disposition of the case. This record is kept by the company. A casualty report is prepared and submitted at appropriate intervals to the battalion headquarters. It contains the same information as does the Station Log.

66. SUPPLY. Company headquarters submits requisitions for both general and medical supplies to the battalion supply officer (S-4) who consolidates the requisitions from all units of the medical battalion and submits the consolidated requisition to higher authority.

Section IV. CLEARING COMPANY

67. ORGANIZATION (see T/O & E 8-18 and fig. 46). There is one clearing company in the medical battalion. It is organized into a company headquarters and two identical clearing platoons, each capable of operating independently a *clearing station*.

68. FUNCTIONS. **a. General.** The function of the clearing company is to operate one or more clearing stations for the treatment of all casualties suffered in the division. This primary function resolves into the following:

(1) The *reception* of casualties brought to the clearing station by ambulances of the collecting companies.

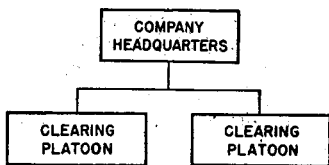


Figure 46. Organization of the clearing company.

(2) The *sorting* of these casualties according to the nature and severity of their injuries.

(3) The administration of appropriate *treatment* to save lives, reduce suffering, and prevent permanent disability.

(4) The *temporary care and shelter* of casualties until such time as their physical condition permits further evacuation.

(5) The *return of slightly injured* to duty with their units.

(6) The preparation of appropriate *medical records*.

(7) The operation of a *dispensary* for treatment of personnel of the medical battalion when the division is not engaged in combat.

(8) The performance of *interior guard duty* for the battalion, sharing this duty with the collecting companies.

b. Company headquarters. (1) The company headquarters is organized to perform the functions of command, administration, mess, supply, and motor maintenance. Certain medical reports are required of unit surgeons. Since medical units do not include surgeons, the clearing company commander (or one of his assistants) may be designated by battalion headquarters to prepare such reports as necessary. The company commander is generally assisted by an officer of the Medical Administrative Corps, a first sergeant, and a company clerk. The headquarters and headquarters detachment do not operate their own mess but mess with the clearing company. (See par. 56b(1).) The supply sergeant, motor sergeant, mechanic, bugler, truck drivers, and basics complete the headquarters personnel.

(2) Company headquarters establishes a command post at the clearing station. When each clearing platoon establishes a separate station, the command post will remain at one of them, but the remainder of the company headquarters, such as supply and mess personnel, must be divided between them.

c. Clearing platoon. Normally each clearing platoon has four medical officers (the senior of whom is platoon commander), one dental officer, certain non-commissioned officers, and a large number of technicians, all provided for the primary purpose of operating a clearing station. It should be borne in mind that the functions of the clearing platoon are largely technical, of a professional nature, and that only a small amount of administrative work is necessary.

d. Clearing station. (1) *Location.* The clearing station is the last element in division (second echelon) medical service. The general location is determined in the medical plan of the battalion prepared by the medical battalion commander and approved by the division surgeon and G-4 of the division staff. The exact loca-

tion is determined by the clearing company commander who makes a ground reconnaissance. He or the platoon commander determines the location of each department of the station. Depending upon the tactical situation, the station is desirably located from 2 to 5 miles from the front. It must be on, or very near, a road on the route of evacuation between collecting stations at the front and hospitals in the rear. An available water supply is desirable. A central location in the division rear area is preferable but not as important as other considerations inasmuch as vehicles are used for transportation.

(2) *Establishment.* A clearing station may be set up in tents or in existent suitable buildings and is arranged into departments for administration and treatment of casualties. Usually, one station is established initially, and the second established at such time and place as circumstances of battle demand. When it becomes necessary for one station to move its location because of a changing tactical situation, the other station must remain in operation until the first has become established at its new site. The number of tents set up depends on the flow of casualties; no more should be erected than necessary. Normally the tents should be compact, in the open, and each marked with a Geneva Cross for air identification. There should be an additional large Geneva Cross placed on the ground. Dispersion and concealment of large medical units, such as clearing stations, is impractical and rarely necessary.

(3) *Clearing station office.* In this office, the clerk consolidates all Clearing Station Tags and compiles a check list of sick and wounded. This check list is the only record that the station is required to preserve. Clearing Station Tags may be discarded after the check list has been completed.

(4) *Receiving department.* (a) Casualties are admitted at the receiving department, examined, and sorted according to their injuries. As soon as classified, patients are removed to the proper department for treatment, or, if necessary, to a place where they can be

cared for while awaiting treatment. Casualties should be sent to treatment departments in order according to the urgency of their condition; not in order of their arrival at the station. Ordinarily the dental officer is designated as admitting officer. (See fig. 49.)

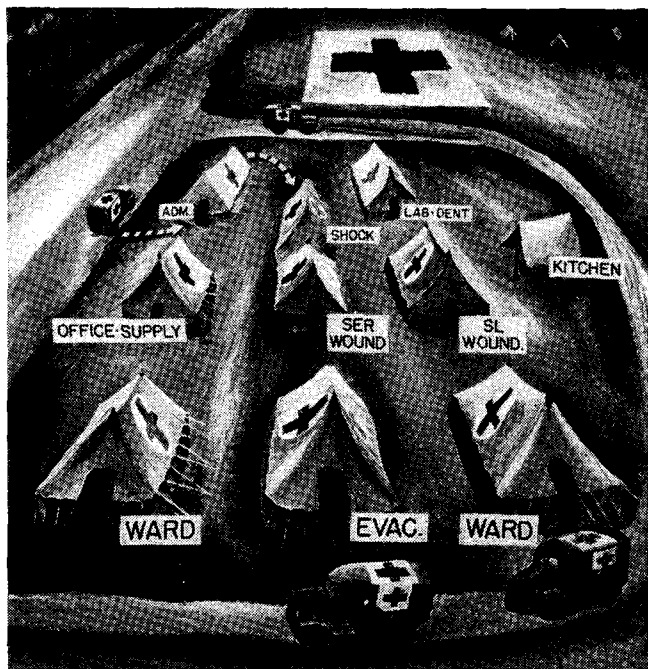


Figure 47. Clearing station.

(b) The admission clerk fills out, in part, the Clearing Station Tag using an imprinting machine for the name and serial number. The bottom section of this tag (section A) is torn off and sent to the clearing station office. The top section of the tag (section B) is fastened to a button of the wounded soldier's uniform, and re-

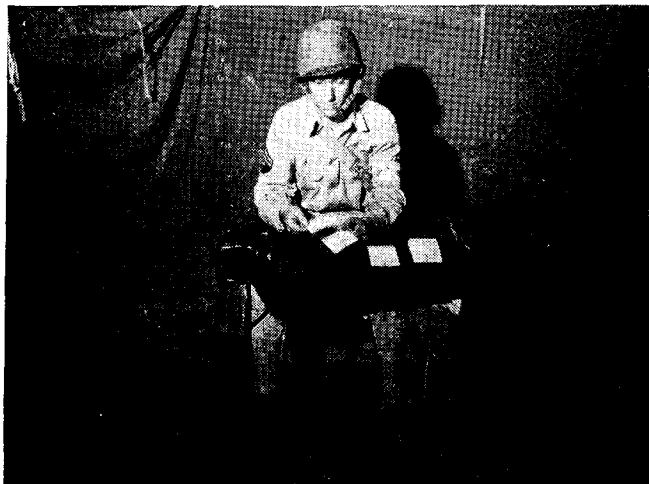


Figure 48. Clearing station office.

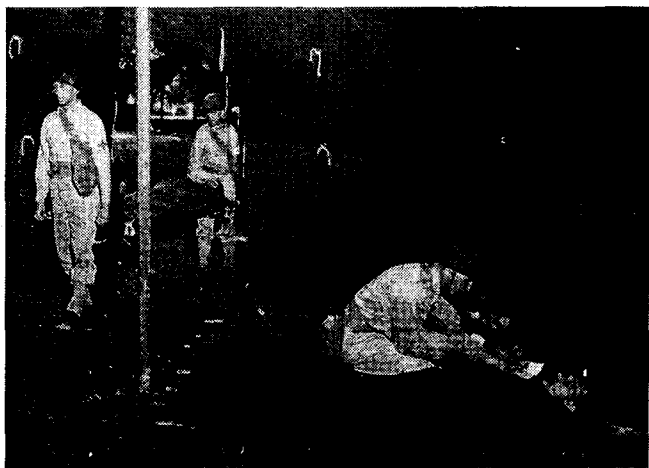


Figure 49. Receiving department.

mains with him until he has been treated and is ready for further evacuation or for return to his organization.

(c) The Emergency Medical Tag is completely filled out including the casualty's organization, location where first tagged, and disposition. If a soldier arrives without a tag, one is initiated for him.

(d) A supply of litters, splints, and blankets is maintained at the front of the receiving department for property exchange with the ambulances. This property exchange may be supervised by the supply department if it is conveniently located. Arms and equipment accompanying patients are taken up and turned over to the supply department for proper disposition. Valuables in possession of patients ordinarily are not taken from them in a clearing station, but every effort is made to safeguard them.

(e) In combat, the treatment departments will often be overtaxed, and space must be set aside in the receiving department for patients awaiting their turn. One man is assigned to their care. It is his duty to keep in contact with the treatment departments, informing them of the number and condition of cases awaiting treatment, and performing such services as will add to the comfort of the waiting casualties.

(f) Two litter squads ordinarily are required in the receiving department, one to unload ambulances and the other to remove patients from the department.

(5) *Seriously wounded department.* (a) This department consists of an operating section and a shock section in two squad tents joined together end to end. The medical officer of the clearing platoon best qualified in surgery should be in charge of this department.

(b) *Operating section.* Here may be performed any necessary surgical operation. The surgical equipment available permits rather elaborate surgery on cases necessitating it, but one must bear in mind that the clearing station is a mobile installation and must be so kept. Further, the department cannot become immobilized by devoting an undue amount of time to one casualty at the expense of other casualties awaiting surgery. The

decision as to what surgical procedure will be performed on a given case will be dictated by the need for that procedure, the number of casualties awaiting treatment, and the possibility of evacuating the casualty within a reasonable time postoperatively.

(c) *Shock section.* Patients arriving at the clearing station in a condition of shock are sent immediately to



Figure 50. *Seriously wounded department, operating section.*

the shock section unless some operative treatment (control of hemorrhage) is imperative at once. Likewise, all casualties in shock after treatment at one of the other departments must be sent here. All personnel in the platoon must be trained to recognize shock and to anticipate its occurrence so that prophylactic treatment for it can be instituted promptly. The shock section should

be supervised by a competent technician well trained for his assigned duties.

(6) *Slightly wounded department.* This department should be supervised by a medical officer and all casualties admitted to it must be examined by him. However, much of the dressing can be done by competent technicians. This department prevents the seriously wounded department from becoming clogged with slightly wounded cases while serious cases need immediate treatment. (See fig. 52.)

(7) *Dental department.* The dental officer is in charge of this department and is assisted by a dental



Figure 51. *Seriously wounded department, shock section.*

technician. Since he may also act as admitting officer, the dental department may well be located in the same tent with the receiving department. Soldiers with mouth and jaw injuries, particularly fractured jaws, should be sent to this department. (See fig. 53.)

(8) *Gas department.* This is set up only when necessary and should be in a separate tent isolated somewhat from the rest of the clearing station. If gas casualties are numerous, the department may be reinforced by the attachment of gas teams from a profession service unit.

(9) *Wards.* One or more tents are used as wards for the care of sick and injured who cannot be evacuated immediately because of poor physical condition.

(10) *Dispensary.* When in battle, casualties suffered by personnel of the medical battalion are evacuated in the same manner as any other casualty. When *not* in combat, however, the clearing station must operate a dispensary for their routine medical care and treatment.



Figure 52. Slightly wounded department.

(11) *Laboratory.* The clearing company is equipped to operate one small laboratory and is able to perform routine analyses of blood and urine, make smears, and diagnose venereal diseases.

(12) *Supply department.* Each clearing platoon operates a department for the storage of platoon property and for equipment salvaged from casualties passing through the station. The clearing station is the first medical installation at which equipment of casualties is re-

moved. It is held at the station until collected by the division ordnance company. (See fig. 56.)

(13) *Mess section.* One mess section is established for personnel of the clearing company and for its patients. If the clearing platoons are separated, the mess section may be divided so that each platoon operates its own mess. Patients able to walk get their own food; others have it taken to them. (See fig. 57.)

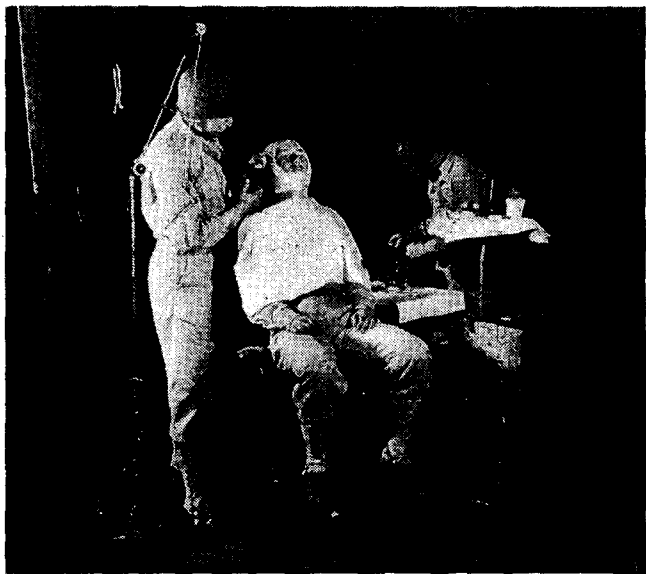


Figure 53. Dental department.

(14) *Forwarding department.* After a casualty has been treated and prepared for further evacuation, appropriate entries are made upon his Emergency Medical Tag and his Clearing Station Tag. He is then sent to the forwarding department. Here the top section of the tag (section B) is removed from his person and sent to the clearing station office where all such tags are consolidated and used to compile a check list of sick and



54. *Squad tent used as ward.*



Figure 55. *Dispensary.*

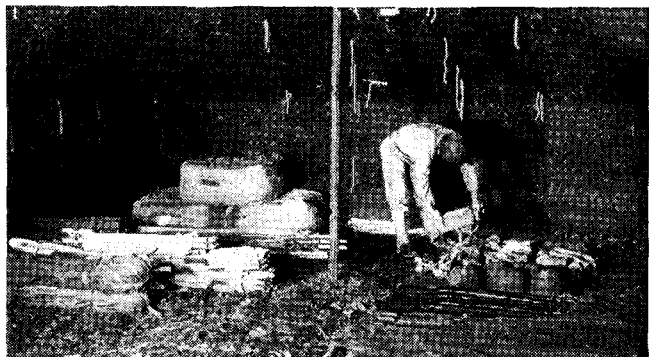


Figure 56. Supply department.

wounded. (It will be recalled that the bottom section (section A) was filled out, detached, and sent to the office at the time of admission.) The noncommissioned officer in charge of this department supervises the care of casualties awaiting evacuation, the loading of ambulances, property exchange, and the disposition of cases other than those evacuated. He sends back to the proper treatment department such cases as develop further need of treatment while awaiting disposition. One or two litter squads are required to remove patients from the treatment de-



Figure 57. Mess section.

partments and to load ambulances. Slightly wounded are returned to their units on trucks.

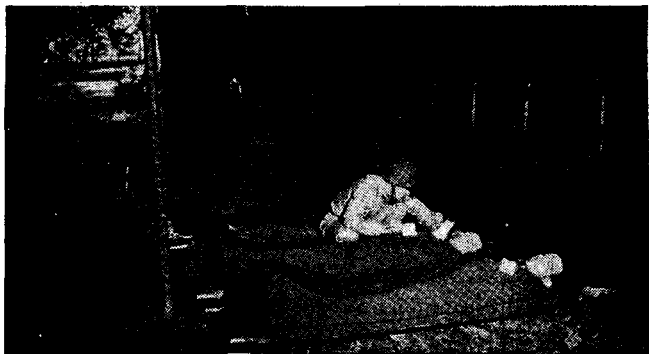


Figure 58. Forwarding department.

(15) *Morgue.* Patients who die at the clearing station should be placed in a site somewhat removed from other departments so they will not be visible. If this is not done promptly, a marked depressive effect will be made upon other casualties. The dead are held at the morgue until removed for burial in accordance with a plan prescribed by division headquarters. This is a function of the Quartermaster Corps. The principal concern of medical personnel is to assure that each body is tagged with an EMT properly filled out. Enlisted medical soldiers are permitted to do this (but not for the living).

69. EQUIPMENT AND TRANSPORTATION (see T/O & E 8-17). The clearing station is provided with office equipment (field desk and typewriter) for use by company headquarters, field ranges and kitchen tents to provide two field kitchens (one for each platoon when the latter are separated), a number of vehicles, cargo and water trailers, and a relatively large amount of surgical instruments and equipment. Each clearing platoon has



Figure 59. Army ambulances evacuate casualties from clearing station.

a supply of squad tents (or hospital ward tents) in which are set up the various departments of the clearing station when existing shelter is unsuitable or its use is impossible. There are approximately 25 folding cots and 100 litters in the platoon. The cots are used for those seriously wounded who must be held and cared for at the station. The use of cots for these cases instead of litters will facilitate nursing procedures. In addition to the several numbered medical department chests, other chests are provided containing drugs, plasma, surgical supplies, miscellaneous supplies, and sterilizers. Also included in the equipment are basic instrument sets which contain a large variety of surgical instruments, an autoclave, operating gowns, sheets, field operating lamps and generators, oxygen therapy apparatus, and an assortment of retractors, amputation knives and saws, forceps, dressings, splints, tourniquets, basins, buckets, and blankets. The clearing company also has a small amount of laboratory equipment including a microscope, burner, centrifuge, and other items needed for routine analyses of blood and urine, and for the diagnosis of venereal diseases. Several light and heavy trucks mobilize the company.

70. TRAINING. a. Unit (see par. 8). The general nature and scope of training and objectives to be obtained are prescribed by the battalion commander in his training orders. Training must be conducted in all types of tactical operations and under various conditions of weather and terrain.

b. Company headquarters. Personnel of headquarters must be trained in matters of administration, supply, motor maintenance, and operation of the mess.

c. Clearing platoon. Each clearing platoon must be proficient in establishment and operation of a clearing station in existing shelter or under tentage. Personnel must be trained to pitch tents in the shortest possible time, and technicians must be able to unload, unpack, and set up the station with all its equipment quickly and without confusion. Quick disestablishment of the sta-

tion is likewise important, and personnel must be able to assemble, pack, and load equipment, and strike tents almost automatically. All personnel must be expert in the recognition and treatment of shock and hemorrhage, and the emergency treatment of wounds. Surgical technicians are trained to act as assistants at the operating table. Medical technicians are especially trained in the administration of drugs and biologicals, and in nursing care.

71. ADMINISTRATION. In addition to routine company administration, the clearing company is concerned with certain medical records. Proper entries must be made on the Emergency Medical Tag of every casualty brought to the clearing station, and no casualty must leave the station without one. Clearing Station Tags are consolidated at the station office and from them a Station Log or "check list of sick and wounded" is prepared. The Station Log is preserved by the company, but from it are prepared Casualty Reports. These are submitted to battalion headquarters at appropriate intervals. A Report of Sick and Wounded is usually submitted once a month.

72. SUPPLY. Requisitions for supplies are submitted to the battalion supply officer for consolidation with requisitions submitted by other units of the battalion and forwarding to the proper supply agency.

SECTION B	NAME - A. S. NO.	DISPOSITION	NO	DAY	YR	AM	PM
		ORGANIZATION					
	HARRY A. RICHARDS 33024703 T41 42 0	Pvt					
DIAGNOSIS (ABREV.)		GRADE					
WIA AT 080850 GSW		Pvt					
THIGH, RIGHT, RIFLE BULLET		ORGANIZATION					
REMARKS		411 INF					

SECTION A - ADMIN	NAME - A. S. NO.	DISPOSITION	NO	DAY	YR	AM	PM
		ORGANIZATION					
	HARRY A. RICHARDS 33024703 T41 42 0	Pvt					
DIAGNOSIS (ABREV.)		GRADE					
WIA AT 080850 GSW		Pvt					
THIGH, RIGHT, RIFLE BULLET		ORGANIZATION					
CLEARING STATION TAG SEE INSTRUCTIONS ON BACK		411 INF					
ADMITTED		JAN 8 43		176		1130	

RECORD SUPPLEMENTAL

1230 8 Jan 43 C/r Sta,
45th Med Bn. Bizerte, Tunisia
Trans. 901st Evac Hosp. S. M
Bizerte Tunisia

Jack R. Brown
Capt, M.C.

Figure 60. Emergency Medical Tag and Clearing Station Tag as completed at clearing station.

CHAPTER 5

ARMORED MEDICAL BATTALION

Section I. GENERAL

73. ORGANIZATION. The armored medical battalion is an organic separate battalion of the armored division performing for the division second echelon medical service. The armored medical battalion consists of a headquarters, a headquarters company, and three identical medical companies. (See fig. 61, and T/O & E 8-75.)

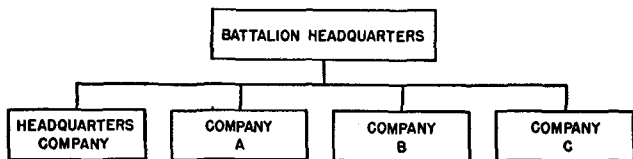


Figure 61. Organization of armored medical battalion.

74. FUNCTIONS. The armored medical battalion performs second echelon medical service for an armored division and provides medical supplies for all units of an armored division. (See FM 17-80.)

75. ADMINISTRATION. a. Personnel. The companies, including headquarters company, submit Morning Reports (and such other rosters and reports as may be required) to battalion headquarters (personnel section), where all personnel reports required by higher echelons are prepared.

b. Medical. Battalion headquarters periodically submits the following medical reports to the division surgeon:

(1) *Casualty Reports.* These reports are prepared by consolidating the casualty reports submitted to battalion

headquarters by the companies of the battalion. They are submitted as directed.

(2) *Report of Sick and Wounded*. This is submitted as directed.

(3) *Statistical Report*. WD AGO Form 8-122 is submitted as directed. The purpose of this form is to provide information on the state of health and hospitalization of troops.

c. Supply. Supplies that are issued automatically in the field, such as rations and fuel, are issued on the basis of strength and status reports submitted to division headquarters for incorporation into the daily telegram. The battalion supply officer ordinarily draws such supplies and distributes them among the companies on the same basis. For procurement of other supplies for the battalion and for medical supply for the division, see FM 17-80.

d. Maintenance of transport. Companies perform first echelon motor maintenance and whatever second echelon maintenance of which they are capable. The motor maintenance section of the headquarters detachment performs whatever second echelon service cannot be done by the companies. Third echelon maintenance is a function of the division ordnance company.

e. Care of sick and injured. One medical company operates a dispensary for treatment of battalion personnel when the battalion is not in operation. When in operation, personnel of the battalion receive treatment at any of the clearing stations.

Section II. HEADQUARTERS AND HEADQUARTERS COMPANY

76. ORGANIZATION (see T/O & E 8-76). Headquarters consists of the battalion commander, his staff and enlisted assistants, and a personnel section. Headquarters company is an autonomous element of the battalion administratively analogous to the other three companies. It has a number of functions pertaining to the entire battalion. It is divided into company headquarters, a

battalion maintenance platoon, and a general and medical supply section. (See fig. 62, and FM 17-80.)

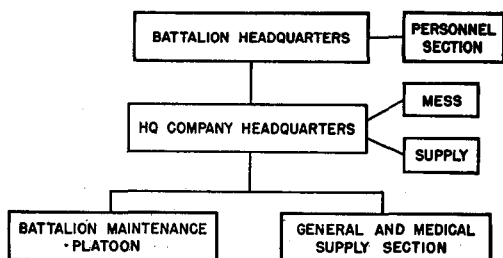


Figure 62. Organization of headquarters and headquarters company, armored medical battalion.

77. FUNCTIONS. a. General. (1) Battalion headquarters performs—

(a) Command and staff functions for the entire battalion operating, for this purpose, a battalion command post. Here are located the offices of the battalion commander and his staff and the message center.

(b) Personnel administration for all units of the battalion.

(2) Headquarters company performs the following functions:

(a) Requisition and procurement of medical supplies for the entire division including the operation of a division medical supply point.

(b) Requisition and procurement of all classes of supply for the battalion operating a battalion supply point.

(c) Second echelon motor maintenance for all vehicles of the battalion.

b. Special. (1) *Battalion headquarters.* (a) The battalion commander, executive officer, plans and training officer (S-3), and adjutant (S-1) each carry out duties essentially the same as do the corresponding officers of the medical battalion infantry division. They are assisted by noncommissioned officers and enlisted clerks.

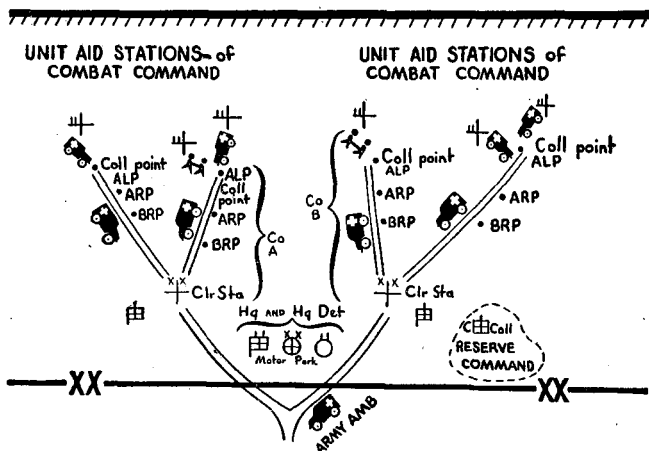


Figure 63. Tactical employment of armored medical battalion—schematic.

(b) *Message center.* Under the adjutant, the communications chief supervises operation of the battalion message center including operation of the battalion radio net (see fig. 64) and other communication facilities including messengers and others.

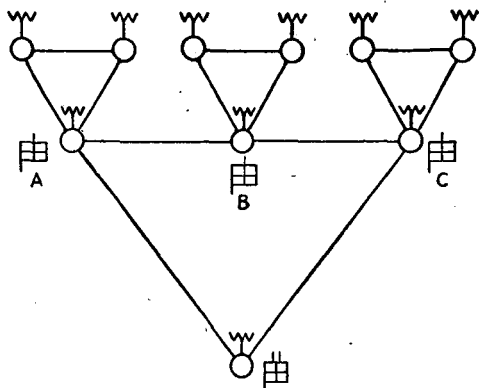


Figure 64. Radio net of armored medical battalion.

(c) *Personnel section.* This section consisting of an officer, noncommissioned officer, and clerks, assisted by personnel clerks from the companies, performs personnel administration for the battalion including pay rolls and service records.

(2) *Headquarters company.* (a) *Company headquarters.* The company commander is also battalion supply officer (S-4) thus being a member of the battalion staff, and division medical supply officer thus being a member of the division surgeon's staff. For his duties see S-4 of medical battalion, infantry division. The company commander is assisted in company administration by a first sergeant and a clerk. The mess section prepares meals for personnel of battalion headquarters and headquarters company. A supply noncommissioned officer is charged with the usual company supply functions.

(b) *Battalion maintenance platoon.* This platoon consists of an officer (battalion motor officer), the battalion motor noncommissioned officer, mechanics, and other motor personnel and a radio repairman. It is charged with second echelon maintenance of battalion vehicles and other equipment.

(c) *General and medical supply section.* This section is essentially the same as the corresponding section of the medical battalion, infantry division. (Also see FM 17-80.)

78. EQUIPMENT. a. Headquarters. Headquarters is generally equipped with the following:

(1) Blackout command post tent for the commanding officer and his staff and another for the personnel section.

(2) Stereoscope, drafting equipment, magnifying glass, and other map equipment, including navigation instruments.

(3) Typewriters, desks, duplicating machine, and other office equipment.

(4) Several radio sets.

b. Headquarters company. (1) Typewriter, desk, and other office equipment for company headquarters.

(2) Squad tents, safe, commissary roll, and other supply equipment.

(3) A rolling reserve of medical equipment including—

(a) Blankets, litters, and splints.

(b) Chests of plasma, drugs, and surgical supplies.

(c) Oxygen cylinders (filled).

(d) Medical books.

(4) Tent flies, welding equipment and second echelon motor equipment for the maintenance section.

(5) Kitchen tent and field ranges for mess section.

79. TRANSPORTATION. Transportation is sufficient to move the entire headquarters and headquarters company.

80. TRAINING (see par. 59). Radio technicians must receive special training. Plans and training personnel must receive special training in map work and navigation.

81. ADMINISTRATION. a. Personnel. Headquarters company carries out company administration as does any other company. It also performs mess and supply functions for personnel of battalion headquarters.

b. Supply. See general and medical supply section. Headquarters company also carries out the normal supply activities of any company obtaining its supplies from the general and medical supply section.

Section III. COMPANY, ARMORED MEDICAL BATTALION

82. ORGANIZATION. There are three identical companies in the armored medical battalion. Each company is organized into a company headquarters, a collecting platoon, and a clearing platoon. (See fig. 65 and FM 17-80.)

83. FUNCTIONS. a. General. The functions of a company are as follows:

(1) Evacuation of unit aid stations or collecting points of one combat command by litter bearer or ambulance, transporting the casualties to a clearing station.

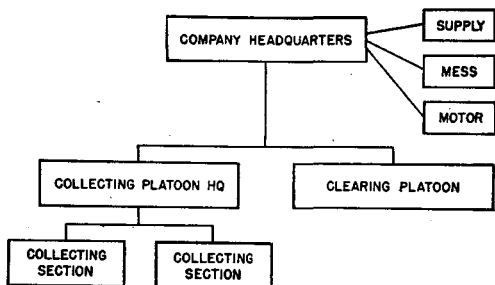


Figure 65. Organization of a company, armored medical battalion.

There are two combat commands in the armored division. One company is assigned to each combat command for second echelon medical support. The third company is attached to the division trains or division reserve for medical support or may be used to reenforce the other two companies if needed. If reserve command is committed, this company will support it.

(2) Treatment, either emergency or definitive, in a clearing station, temporary care of casualties from one combat command, and preparation of casualties for evacuation to the rear by higher echelons.

(3) Maintenance of liaison both with unit aid stations and battalion headquarters.

(4) Replenishment of medical supplies of unit aid stations supported in combat.

b. Special. (1) *Company headquarters.* Company headquarters is normally located near the clearing station established by the company. It includes the following individuals or sections:

(a) The company commander is responsible for the command, administration, discipline, training, and opera-

tion of the company. He is assisted by a first sergeant and clerk.

(b) The mess is divided into two parts: the company personnel mess and the patients' mess. Under the mess sergeant, both parts prepare meals in the same mess tent. The section consists of the mess sergeant, cooks, and cooks' helpers.

(c) The motor section consists of an officer (the motor officer), the motor noncommissioned officer, and mechanics. The section is charged with such second echelon maintenance of vehicles and equipment as is possible with company equipment. When the battalion is assembled at one point, this section may be pooled with the motor section of headquarters company.

(d) Under an officer (usually the motor officer) the supply noncommissioned officer performs supply functions for the company.

(2) *Collecting platoon.* The collecting platoon normally consists of two officers, one of whom is platoon commander, a platoon sergeant, and two collecting sections, each commanded by a noncommissioned officer. Each section consists of a number of litter bearers and several ambulances each staffed with a driver and a surgical technician. Each company is responsible for the evacuation of casualties from one combat command. The organization of a combat command is variable but it will usually have several aid stations and battalion medical sections or detachments. At times, the unit medical detachments will evacuate their own aid stations by ambulance to a "collecting point," a spot previously agreed upon far enough behind the actual fighting to be accessible to standard ambulances. If this is not done, the litter bearer section may have to evacuate casualties from the aid stations to the collecting point. (See fig. 63.) Here, ambulances of the collecting platoon establish the ambulance loading post (ALP). The ambulances may be operated by the shuttle method (see sec. III, ch. 4) establishing ambulance relay posts and a basic relay post. The ambulances transport casualties from the collecting

point to the clearing station established by the company. Radio cars are used to control operation of both litter bearers and ambulances.

(3) *Clearing platoon.* The clearing platoon is made up of several medical officers, a dental officer, noncommissioned officers, and a number of technicians. The platoon establishes a clearing station which treats casualties from one combat command. It may be located from 4 to 10 miles behind the fighting area but its position may vary widely according to the nature of the fighting. The station is so constituted that it can be split into two parts which may "leapfrog" as fighting advances. Each part is equipped with a surgical truck with surgical tent attached. (See fig. 67.) Each truck and tent has complete facilities to carry out major surgery including operating table, autoclave, operating light, etc. The truck is used to prepare for the operations. The actual operations are done in the tent. After or before being operated on, casualties are kept in a squad tent. Departments of the clearing station such as admitting, dental, shock, ward, mess, evacuation, etc., are operated as described for clearing station of the infantry division but less tentage is needed and available due to the more rapid movement and evacuation and the smaller number of troops served. Clearing stations are evacuated by higher echelon (army) ambulances.

84. EQUIPMENT. a. Equipment includes the following:

- (1) Field equipment issued any field organization.
- (2) Radio sets.
- (3) Typewriter, table, safe, and other office equipment.
- (4) Map and navigation equipment.
- (5) Two completely equipped surgical trucks, with tent, operating tables, lights, autoclaves, etc.
- (6) Squad tents.
- (7) Tent fly for maintenance section and kitchen tent for the mess.

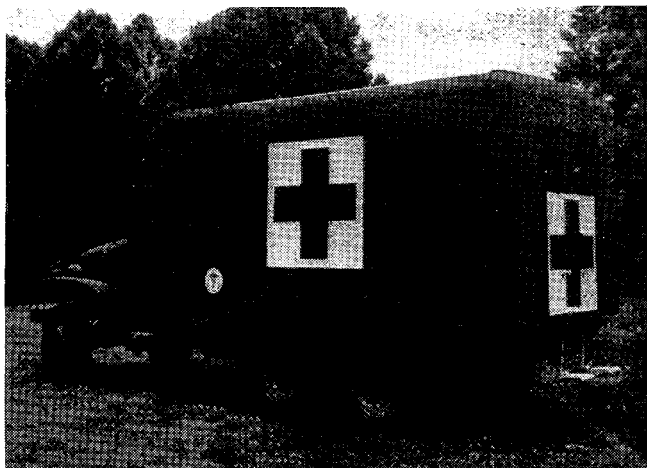


Figure 66. Surgical truck. The standard 2½-ton truck body is used.

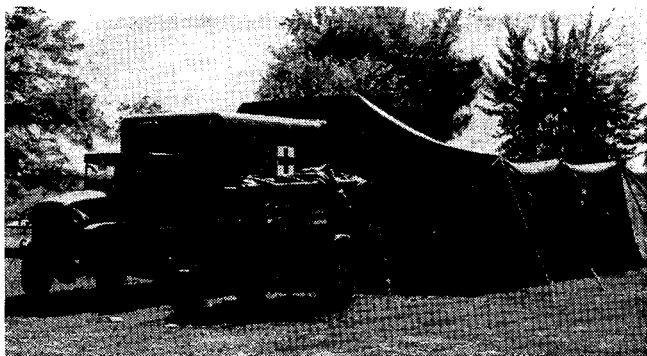


Figure 67. Surgical truck and tent.

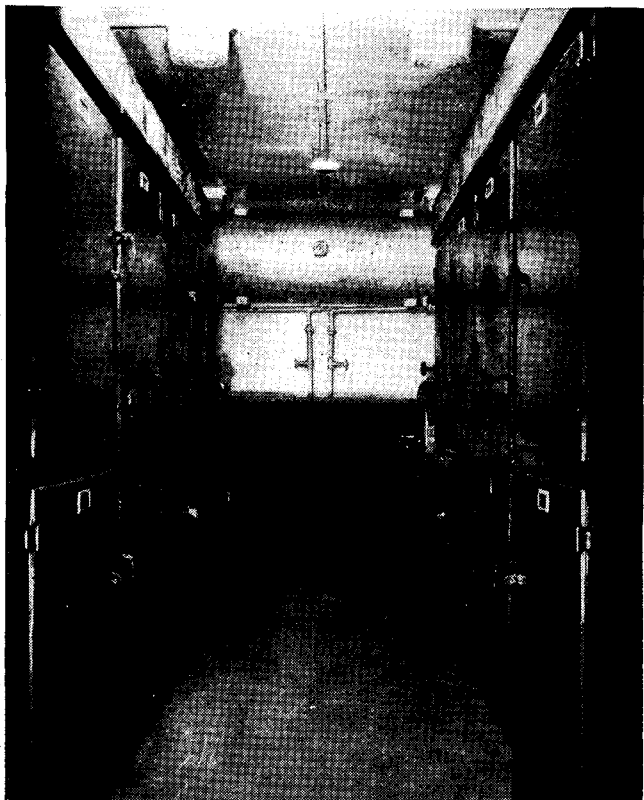


Figure 68. Surgical truck—interior view. Autoclave is visible.

- (8) Second echelon motor maintenance equipment.
- (9) Medical equipment including—
 - (a) Autoclaves.
 - (b) Basic instrument sets.
 - (c) Laboratory chest.
 - (d) Surgical chests, drugs, instruments.
 - (e) Gas casualty equipment.

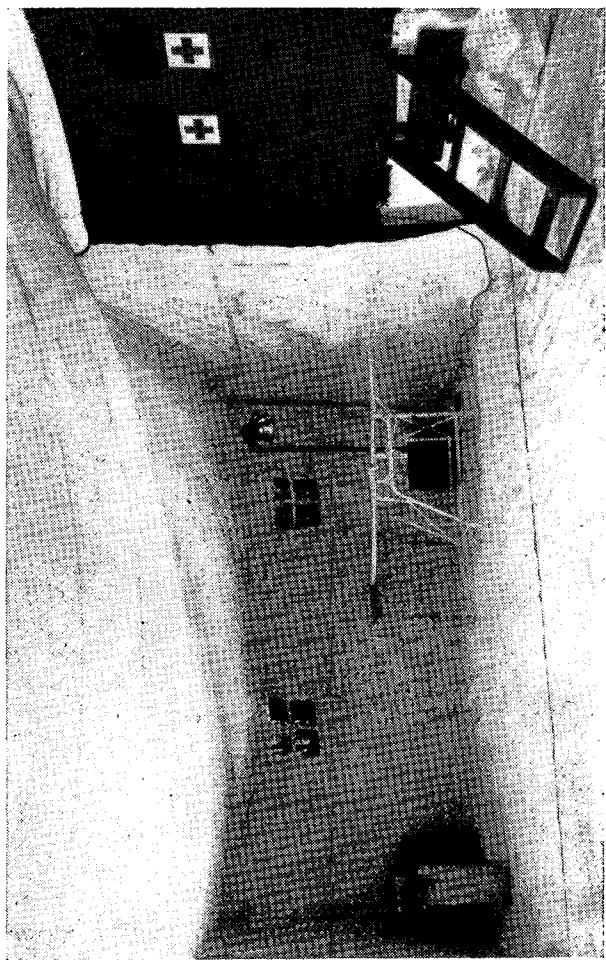


Figure 69. Surgical tent—interior view.

(f) Operating gowns, lamps, tables, etc., electric suction apparatus.

(g) Litters, blankets, litter carriers, splints, etc.

b. Equipment is so designed that the station can be split in two parts for "leapfrogging" and each part have complete surgical equipment.

85. TRANSPORTATION. Transportation, which includes surgical trucks, ambulances, 250-gallon water trailers, and several other trucks, is sufficient to completely mobilize the company.

86. TRAINING. Training is similar to that of collecting and clearing companies of the medical battalion, infantry division. In addition, several radio technicians must receive special training and clearing platoon personnel must be well trained in the erection and operation of the surgical tent and equipment.

87. ADMINISTRATION. Administration is similar to that of the clearing company, medical battalion, infantry division.

CHAPTER 6

MEDICAL COMPANY, AIRBORNE DIVISION

88. ORGANIZATION (see T/O & E 8-37). The airborne medical company of the airborne division corresponds to and carries out functions comparable to those of medical battalions of other divisions. It is organized into a company headquarters, several service sections, and three platoons. (See fig. 70.) The platoons carry out the same functions as clearing and collecting companies of the medical battalion of the infantry division.

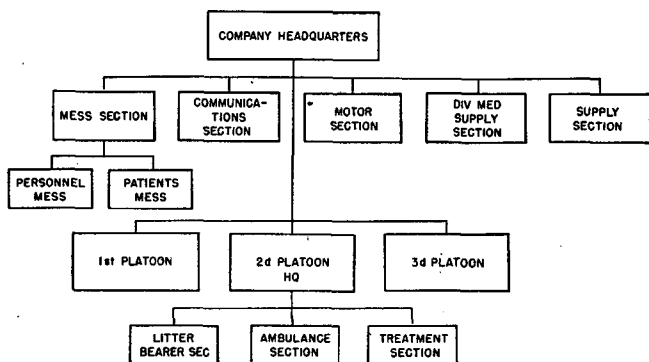


Figure 70. Organization of an airborne medical company.

89. FUNCTIONS. a. General. (1) The company performs the following functions:

(a) Second echelon medical service for the airborne division including collecting and clearing functions.

(b) Provides medical supplies for the entire division.

(2) The airborne division is carried to battle by air. Every member of the airborne medical company may be, and every member of one platoon must be, a qualified

parachutist. In landing, each platoon lands with the service troops of each combat team (each infantry regiment) under the control of the combat team (regimental) surgeon. The platoon supporting the parachute regiment lands by parachute; the other two platoons normally land by glider. As the combat teams advance, the platoons advance in support. The company headquarters and division medical supply section land by glider or plane with the division service troops.

b. Special. (1) *Company headquarters.* This section provides command and administration for the entire company. For this purpose a company command post is set up in which is located the company commander and his staff and the message center. The command post is normally established near the division air head. (See fig. 71.)

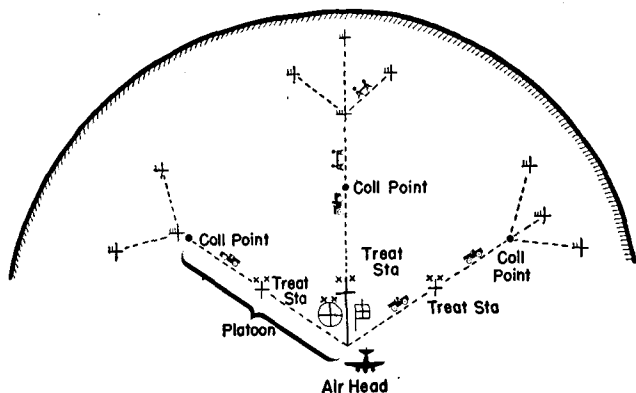


Figure 71. Evacuation of airborne division—schematic. Note possible locations of collecting point.

In this proximity also are usually established the division forward command post, the division supply point, and the division medical supply point. Supplies for the division are delivered by airplane at the air head and evacuation of casualties from the division takes place there.

(a) The commanding officer is responsible for the administration, discipline, training, and operation of the company. He must maintain close liaison with the division surgeon (usually at the division rear echelon) and the medical air evacuation transport unit. He is directly responsible to the division commander. He prepares a plan for the operation of the company which must be approved by the division commander as represented by G-4 and the division surgeon.

(b) The executive officer is principal assistant of the company commander, preparing field orders and acting for the company commander in his absence. He may also be designated to supervise the activities of the mess, motor, communications, and company supply sections. He is assisted by sufficient enlisted personnel.

(2) *Communications section.* This section, in the charge of a noncommissioned officer, is charged with the operation of the company message center including all incoming and outgoing messages. Utilizing improvised personnel, this section maintains liaison with the treatment stations and aid stations by motor scooters and $\frac{1}{4}$ -ton trucks, some of which may be converted by the addition of litter racks.

(3) *Supply section.* This section, in the charge of a noncommissioned officer, is charged with the requisition, storage and issue of all supplies, including food, except medical supplies used by the company.

(4) *Division medical supply section.* This section, commanded by an officer (division medical supply officer), is charged with the requisition and distribution of all medical supplies used in the division. The section establishes the division medical supply point near the company command post and the air head. Medical supplies are called for in the $\frac{1}{4}$ -ton trucks of the platoons and carried forward to the treatment stations, aid stations, and division units. Administration is the same as that in the infantry division. During an airborne operation, the automatic equipment exchange will function according to SOP until the patient reaches the air head.

Automatic equipment exchange is not practical through the air evacuation phase and resupply must be substituted. It is advisable for the airborne medical company to include in its initial resupply at least 100 litters and 200 blankets and sufficient expendable supplies to replenish forward units. Isolated parachute and glider units may be resupplied by air. Expendable resupply items will be prepackaged as requisitioned from the division medical supply by air force resupply agencies. The resupply of surgical equipment may be accomplished by using the chest, medical supplies, supplemental. This can either be dropped by parachute or carried in by air-landed units.

(5) *Mess section.* This section, under a noncommissioned officer, is charged with the preparation of meals for personnel of the company and patients being treated. It may be divided into two messes, one for personnel and one for patients. Usually the messes are operated near the company headquarters. When the platoons are operating separately, they usually obtain food from the combat team with which they are operating.

(6) *Motor section.* This section, under a noncommissioned officer, is charged with the second echelon maintenance of all vehicles assigned to the company. It normally operates near company headquarters.

(7) *Platoons.* There are three identical medical platoons. Each platoon is organized into a platoon headquarters, a litter bearer section, an ambulance section, and a treatment section. Each platoon is normally attached to a combat team (airborne infantry regiment and artillery battalion) when on the march and then comes under the command of the combat team (regimental) surgeon. Each platoon supports a combat team in combat.

(a) *Platoon headquarters.* This section includes the platoon commander (an officer), a platoon sergeant, an admission clerk, and a driver. The platoon commander establishes his headquarters at the treatment station and supervises all activities of the platoon. He must keep

close liaison with the infantry regimental surgeon and the battalion and regimental aid stations. He acts under the command of the combat team commander on the march (in flight). The clerk acts as admission clerk for the treatment station.

(b) *Litter bearer section.* This section is commanded by an officer (who also acts as ambulance platoon leader) and consists of approximately 16 litter bearers and a noncommissioned officer. Usually the combat zone in an airborne operation is so shallow that two-man litter squads may frequently be used. Litter bearers evacuate battalion and regimental aid stations to the most forward spot that vehicles can operate. This spot is known as a collecting point. (See fig. 71.) When regimental aid stations are acting as collecting stations (usually near the infantry regimental command post), litter bearer personnel may be detached to the regimental medical detachments for the purpose of evacuating battalion aid stations to the regimental aid stations. (See fig. 71.) Litter bearers also may be used at the air head to prepare and load patients for evacuation and care for them while they are awaiting evacuation. The litter bearer commander must keep in constant liaison with battalion and regimental aid stations so that litter bearers can evacuate them promptly.

(c) *Ambulance section.* The litter bearer platoon commander also commands this section. The section consists of a noncommissioned officer, drivers, and ambulance orderlies. They are equipped with $\frac{1}{4}$ -ton trucks and trailers. The $\frac{1}{4}$ -ton trucks should be converted by the use of litter racks. (See FM 8-35.) The converted $\frac{1}{4}$ -ton trucks pick up casualties at the collecting point (may be regimental aid station) (advanced ALP) and transport them to the treatment station. A shuttle system may be set up. (See sec. III, ch. 4.) When airplanes are ready at the air head to evacuate casualties, the casualties are taken from the treatment station to the air head. Ambulance platoon and litter bearer platoon personnel here aid in loading the casualties onto

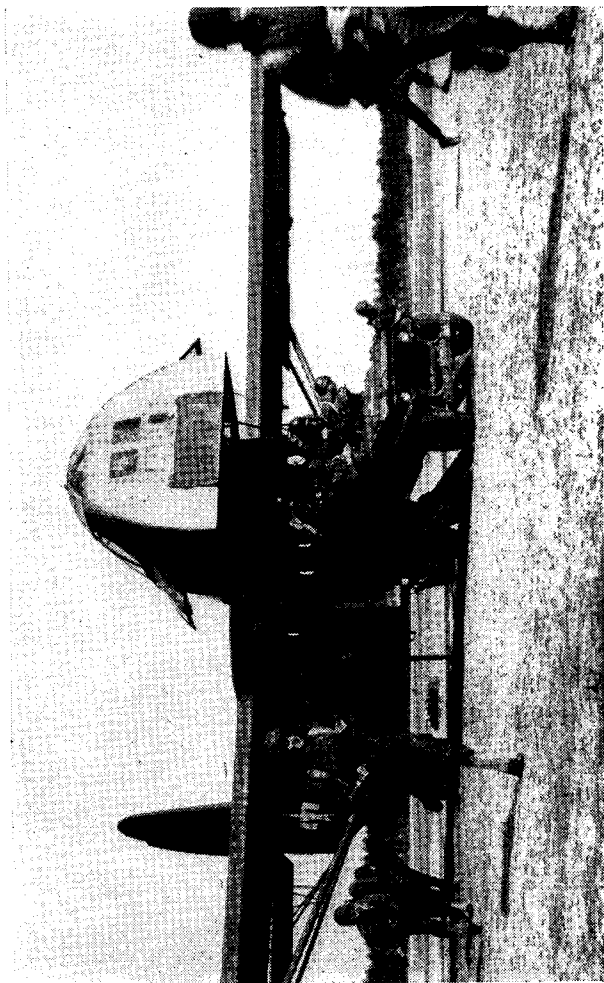


Figure 72. Unloading 1/4-ton truck from glider.

airplanes. Returning ambulances carry medical supplies forward from the division medical supply point to the treatment and aid stations.



Figure 73. One-fourth-ton trucks (converted by the addition of litter racks) bring casualties to airplane at air head.

(d) *Treatment section.* The treatment section establishes a treatment station in close support of a combat team. The section normally consists of three medical officers, a dental officer, a noncommissioned officer, and a number of enlisted technicians. The station carries out treatment comparable to that of a clearing station; however, it is equipped for major surgery. Surgical teams can be set up for the seriously and slightly wounded with a medical officer in charge of each. These two teams may "leapfrog" when the station advances in support of a combat team. The dental officer cares for dental and jaw (maxillofacial) cases and may act as admitting officer. A log is kept of all casualties and their disposition. There must be facilities for caring for patients until the station is notified that airplanes are ready to evacuate them, at which time the ambulance platoon transports the patients to the air head. A gas department can be improvised if necessary. When immediate evacuation of the treatment station is considered necessary, and if an air head has not yet been established, three methods are available which do not need a landing field: liaison airplanes can each carry one sitting patient but cannot carry litter patients without modification of the plane; helicopters have been fitted to carry two litter patients; where glider landing fields are available, patients may be evacuated by glider by means of a "snatch pick-up" by an airplane in flight. Later when an air head is established, one treatment station may be located near (within $\frac{1}{2}$ mile) the air head and designated to care for all division casualties awaiting evacuation and to act as a division clearing station. Frequently personnel of the medical detachment of the airborne engineer battalion performs emergency treatment and loading duties at the air head till a treatment section of a medical platoon is available. Transport planes then evacuate casualties. When the operation is far enough advanced, a field hospital unit or an evacuation hospital may be transported by air and established at or near the

air head or, if contact is made with ground troops, casualties may be evacuated from treatment stations by army ambulances to an evacuation hospital.

90. EQUIPMENT. Equipment consists of the following:

a. Field equipment issued any field organization including mess equipment.

b. Typewriters, desk, MD chests #4, and other office equipment for headquarters and supply sections.

c. A 3-day reserve of expendable medical supplies for the division based on 25 percent casualties.

d. Wall, storage, and pyramidal tents for shelter of treatment stations, headquarters, and supplies.

e. Many folding litters and a few wheeled litter carriers.

f. A few MD chests #2.

g. Basic instrument sets, sterilizers, operating gowns and caps, rubber gloves, splints, and other surgical equipment.

h. Sheets, blankets, towels, and other litter and ward equipment.

91. TRANSPORTATION. Transportation is limited to that which can be transported by airplane. It cannot transport the entire company but is sufficient for administration (supply) and liaison use and evacuation of casualties. Vehicles consist of the following: Motor scooters for headquarters and many 1/4-ton trucks and 1/4-ton trailers, most of which are allotted to the ambulance sections.

92. TRAINING. a. **Individual.** Besides basic and technical training, every man must be a qualified parachutist or gliderman. Certain technicians must be trained either in Medical Department enlisted technician schools, in the hospital at the post where the company is stationed for training purposes, or in the company's

own technicians' school. These include dental, medical, and surgical technicians; cooks, mechanics, drivers, clerks, and others.

b. Unit. When individual training has progressed far enough for the men to profit thereby, section and platoon training should be instituted. This training should include the establishment and disestablishment of the installation for which the section or platoon is responsible (treatment station, medical supply point, etc.), tent pitching, establishment of ambulance shuttle, etc. The medical supply section should be trained in packaging and dropping medical resupply by parachute. Training may then be carried out to perfect coordination of the various sections with one another.

c. Combined. This training is very important and should be arranged by higher authority. The company should participate in division and combat team field exercises.

93. ADMINISTRATION. Administration is that of any separate company.

a. Personnel. Company headquarters submits morning reports and other reports, as directed, to division headquarters. Company headquarters conducts its own personnel administration.

b. Medical. Medical administration is similar to that of the medical battalion, infantry division.

c. Supply. (1) *Medical.* The division medical supply section functions as the corresponding section of the medical battalion, infantry division. (Also see par. 56d.)

(2) *General.* General supplies are drawn by the company supply section at the air head and distributed to the platoons, usually by returning converted $\frac{1}{4}$ -ton trucks. Class 1 and 3 supplies are automatic. Others must be requisitioned through division G-4.

d. Care of sick and injured. When not at station, one of the treatment sections may be designated to conduct a dispensary for personnel of the company.

CHAPTER 7

MEDICAL GROUP

Section I. GENERAL

94. ORGANIZATION. The medical group is a flexible organization composed of a headquarters and headquarters detachment and a varying number (six to eight) and kind of separate medical companies and battalions. A typical example of a medical group is shown in figure 74.

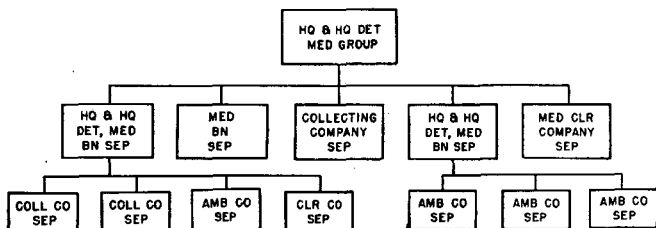


Figure 74. Example of attachment of units to headquarters and headquarters detachment, medical group.

95. FUNCTION. The medical group is assigned to a field army, separate corps, or task force, and performs the following functions:

- a. Provides a headquarters to which army or separate corps medical units may be attached.
- b. Exercises tactical command over and provides administration for its attached units.

Section II. HEADQUARTERS AND HEADQUARTERS DETACHMENT, MEDICAL GROUP

96. ORGANIZATION (see T/O & E 8-22). The headquarters and headquarters detachment, medical group, is composed of a command and executive section, an operations and training section, a headquarters detachment, and a chaplain. (See fig. 75.)

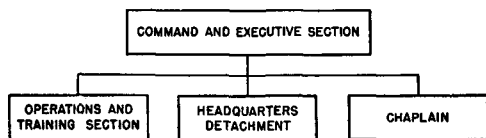


Figure 75. Organization of headquarters and headquarters detachment medical group.

97. FUNCTIONS. a. General. Headquarters and headquarters detachment provides command and administration for the various units attached to the group.

b. Special. (1) *Command and executive section.* (a) The commanding officer is responsible for the operation and training of the units attached to the group. He maintains liaison (by means of a liaison officer) with army headquarters and the army surgeon regarding the need for and tactical use of units attached to the group. He inspects units for their state of training. He retains tactical control over the units when they have been committed and are in operation.

(b) The executive officer is principal assistant of the commanding officer. He acts on matters for which the commander has established a policy and acts for the commander in his absence.

(c) One officer performs the functions of adjutant (S-1) and supply officer (S-4). He is charged with the routine administrative work within group headquarters, supervising personnel and supply matters in units attached to the group, and operating the message center. In these duties he is assisted by a sergeant major and

clerks. Administrative personnel from attached units may also assist this officer in group administration. Requisitions for supplies from attached units normally pass through this office. Requisitions for supplies for group headquarters are prepared here.

(d) One officer acts as intelligence officer (S-2) and liaison officer. In this capacity, he may be attached to the army surgeon's office. Here he learns when and where units of the group are or may be needed and informs the group commander as soon as possible. He also informs the army surgeon of the number and kind of units and the state of training and general condition of the units attached to the group.

(e) An officer acts as assistant adjutant (S-1), and athletics and recreation officer and special service officer. In this capacity, he not only assists the adjutant in the headquarters administrative work but also coordinates athletic activities of the group units, arranges for shows, motion pictures, etc., for the group and distributes special equipment such as radios, phonographs, games, musical instruments, etc.

(2) *Operations and training section.* (a) The operations and training officer performs the following functions:

1. Keeps informed of the state of training of each of the units assigned to the group, and of the training policies and orders of army headquarters and surgeon.
2. Performs training inspections in the name of the commanding officer if so ordered.
3. Correlates training programs, use of equipment, etc., and supervises the training under the group commander.
4. Keeps informed of impending tactical moves of all units of the group.
5. Plans the movement and employment of units of the group and prepares the field orders therefor for the group commander.
6. Prepares situation and operations maps.

7. Prepares reports pertaining to operations and training.

(b) An officer assists the S-3 in the above duties.

(c) Another officer assists the S-3 in the above duties and also acts as orientation officer and special service officer. In this capacity he prepares lectures designed to better acquaint men of the group in the purpose and progress of the war.

(3) *Headquarters detachment.* This section provides administration for the men of headquarters and headquarters detachment, medical group. The detachment commander is responsible for the administration of the personnel of headquarters and headquarters detachment. He is assisted by the sergeant major of the command and executive section who acts as first sergeant. A supply noncommissioned officer is charged with the requisition, storage and issue of all supplies used by headquarters and headquarters detachment. A truckmaster supervises operation of the vehicles assigned to the unit and drivers operate them. The detachment operates no mess but personnel of headquarters and headquarters detachment are attached for messing to any organization which operates a mess. A cook of headquarters detachment is assigned to this organization to help in the kitchen.

(4) *Chaplain.* A chaplain serves the entire medical group. For his duties see TM 16-205.

98. EQUIPMENT. Equipment is limited to that issued any field organization (except mess equipment) plus the following items:

a. Command post tents.

b. Several desks and typewriters, and a duplicator.

c. A complete chaplain outfit including a 1/4-ton truck and trailer and accessories, portable organ, etc. No special medical equipment is included.

99. TRANSPORTATION. Transportation is sufficient to mobilize the unit headquarters and headquarters detachment. It consists of the following:

a. Command and executive section. Light trucks for commander, executive, and liaison officer.

b. Headquarters detachment. Light truck for the detachment commander; heavy truck and trailer for supplies and personnel.

100. TRAINING. In general, training is similar to that of a headquarters and headquarters detachment, medical battalion, infantry division. "On the job" training will suffice for some subjects, but medical subjects must not be neglected. Certain technicians must be trained either in special schools or by the officers under whom they work. In addition to those mentioned in the headquarters detachment medical battalion, these include:

a. Operations noncommissioned officer (training in preparation of situation maps, etc.)

b. Athletic instructor.

c. Entertainment director.

d. Chaplain's assistant.

101. ADMINISTRATION. a. Personnel. Morning reports and other personnel reports prepared by headquarters detachment and other units attached to the group are submitted to army headquarters through group headquarters. Personnel work, such as pay rolls, etc., is done by group headquarters augmented by administrative personnel from separate battalions or other units attached to the group.

b. Medical. Medical reports of component units ordinarily pass through group headquarters. Any other reports are submitted as directed.

c. Supply. (1) *Class I.* No Class I supplies are drawn by headquarters and headquarters detachment as it has no mess.

(2) *General and medical supplies.* The supply sergeant of headquarters detachment and the supply officers of attached units submit requisitions through the group S-4 to army headquarters and the army depot concerned. Units may call for their own supplies, or

group headquarters may procure them utilizing personnel and trucks from attached units. Headquarters detachment calls for its own supplies at the army depot.

d. Care of sick and wounded. As headquarters and headquarters detachment has no dispensary equipment, it is attached for medical purposes to an organization operating a dispensary, frequently one of the units attached to the group.

CHAPTER 8

MEDICAL BATTALION SEPARATE

Section I. GENERAL

102. ORGANIZATION (See T/O & E 8-26). A separate medical battalion is normally assigned to a corps or army. It may act independently under corps or army or be incorporated into a medical group. The battalion is a flexible organization consisting of a headquarters and from two to six separate companies such as collecting companies, clearing companies, and ambulance companies. The types of companies are determined by the mission of the battalion. For various types of separate medical battalions, see figure 76. For a description of each of the companies, see the appropriate section.

103. FUNCTION. The separate medical battalion is assigned to a corps or army and performs one or more of the following functions:

- a. Provides second echelon medical service for corps or army troops (collecting and clearing companies).
- b. Provides evacuation for division, corps, and army clearing stations to evacuation hospitals (ambulance companies).
- c. Provides general reenforcement of division medical services.
- d. In some cases, provides medical supplies for corps troops.

Section II. HEADQUARTERS AND HEADQUARTERS DETACHMENT, MEDICAL BATTALION SEPARATE

104. ORGANIZATION. This organization serves as battalion headquarters and headquarters detachment

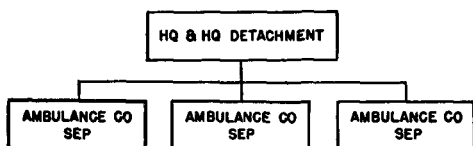
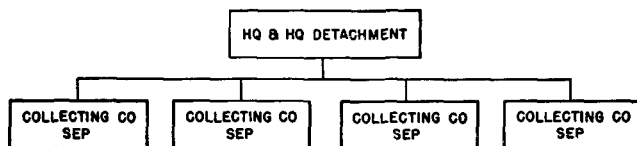
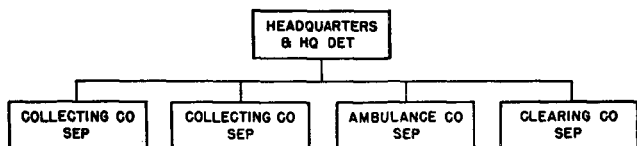


Figure 76. Examples of possible organization of a separate medical battalion.

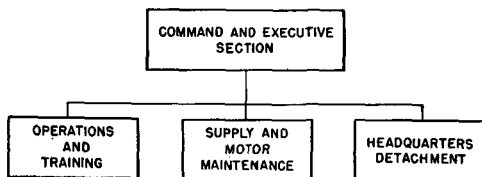


Figure 77. Organization of headquarters and headquarters detachment, medical battalion, separate.

for a separate medical battalion. It consists of a command section, an operations and training section, a supply and motor maintenance section, and a headquarters detachment.

105. FUNCTION. a. General. Headquarters and headquarters detachment performs command and administrative functions for the various companies attached to the battalion including supply, second echelon motor maintenance and personnel administration. It usually retains tactical control over the companies after they have been committed and are in operation. If companies are attached to other units, tactical control is lost.

b. Special. (1) *Command and executive section.*

(a) The commanding officer and executive officer are charged with the same duties as the corresponding officers of the medical battalion, infantry division.

(b) The adjutant (S-1) (also headquarters detachment commander) is charged with the same duties as those of the adjutant of the medical battalion, infantry division.

(c) The personnel officer (under supervision of the adjutant) assisted by a personnel noncommissioned officer and clerks from the separate companies is charged with the same duties as those of the personnel section, medical battalion, infantry division.

(d) The message center, under supervision of S-1 and operated by a noncommissioned officer, is charged with the receiving, sending, delivery, and recording of all messages sent or received by battalion headquarters.

(2) *Operations and training section.* (a) The operations and training officer (S-3) is charged with much the same duties as those of the S-3 of the medical battalion, infantry division.

(b) The intelligence officer (S-2) (also assistant S-3) is charged with much the same duties as those of the S-2, medical battalion, infantry division.

(3) *Supply and maintenance section.* This section, commanded by an officer, the battalion S-4, is divided into two subsections.

(a) *Supply subsection.* This subsection is charged with the routing to the army depot of the branch concerned of requisitions prepared by the various separate companies of the battalion. The separate companies

and headquarters detachment each submit separate requisitions which pass through the battalion S-4 office, but are forwarded separately. The battalion S-4 calls for the supplies at the depot or supply point in headquarters detachment or company trucks. The supplies are received in company lots already broken down and designated for the company which is to receive them. This is not the case in the division medical battalion. If the battalion is acting alone in the support of corps troops, the battalion S-4 may be the corps medical supply officer and as such is a member of the staff of the corps surgeon. In such a case, the supply subsection distributes medical supplies to corps troops in much the same manner as the infantry division medical battalion medical supply section distributes medical supplies to the infantry division.

(b) *Maintenance subsection.* This subsection is charged with the second echelon maintenance of all vehicles of the battalion. When the separate companies are with the headquarters detachment, company mechanics may work in this section on vehicles of their own company. Technical inspections are a function of this subsection.

(4) *Headquarters detachment.* This section commanded by an officer (also adjutant, S-1) is charged with the administration of the detachment. The sergeant major of the command and executive section also acts as 1st sergeant for the detachment. There is no mess section. The headquarters detachment is attached to one of the separate companies for messing. A cook of this section assists in the mess to which the detachment is attached.

106. EQUIPMENT. Equipment is limited to that issued any field organization plus the following items:

- a. Complete second echelon motor maintenance equipment.
- b. Desks and typewriters.
- c. Duplicator.

d. Command post tent.

No special medical equipment or rolling reserve is included.

107. TRANSPORTATION. Transportation is sufficient to transport the entire organization. It consists of the following:

a. Command and executive section. Light trucks for the commanding officer and executive officer.

b. Supply and maintenance section. Heavy trucks for supplies and for motor maintenance.

c. Headquarters detachment. A heavy truck for personnel and equipment and one light truck for the detachment commander.

108. TRAINING. Training is much the same as that of the headquarters detachment, medical battalion, infantry division.

109. ADMINISTRATION. a. Personnel. Morning reports and other reports are submitted by each separate company and headquarters detachment through battalion headquarters to corps or army headquarters unless the battalion is part of a group, in which case, these reports are submitted to group headquarters. The personnel section of battalion headquarters, with the assistance of clerks from the separate companies, performs such personnel administration as pay rolls, etc. However, when the battalion is part of a group, administrative personnel of the battalion may be attached to group headquarters to form a group personnel section.

b. Medical. Headquarters and headquarters detachment receives the Statistical Reports, Sick and Wounded Reports, and Casualty Reports from the separate companies under its control and transmits them to the next higher surgeon. It does not consolidate them.

c. Supply. No Class I supplies are drawn by headquarters detachment, as it has no mess. (See par. 56d.)

d. Care of sick and wounded. As headquarters

and headquarters detachment has no dispensary equipment, it is attached to a clearing company of the battalion for medical purposes if such is present. If there is none, as with a battalion consisting entirely of ambulance companies, it is attached to a nearby organization operating a dispensary, frequently a clearing company of another battalion or an evacuation hospital.

Section III. COLLECTING COMPANY, SEPARATE

110. ORGANIZATION (see T/O & E 8-27). Collecting company, separate, is organized into a company headquarters, a station platoon, a litter platoon, and an ambulance platoon. (See fig. 78.)

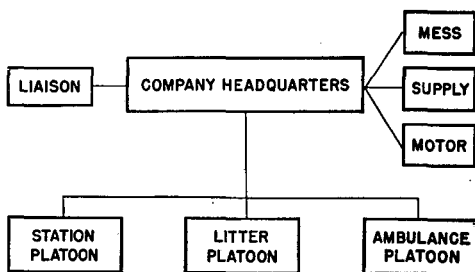


Figure 78. Organization of a separate collecting company.

111. FUNCTIONS. The separate collecting company is assigned to a corps, an army, or a task force as a separate company or is combined with other separate companies under a headquarters to form a separate medical battalion or a medical group. Under tactical command of battalion or group headquarters or independently under the corps or army surgeon, the company performs collecting functions for corps or army troops, evacuating corps or army unit aid stations, treating casualties in a collecting station, and evacuating the casualties to a corps or army clearing station. It can perform collecting functions for approximately 5,000 troops. At times,

the company may be used to reenforce division medical service. The internal organization of the company and the functions of the platoons, sections, and individuals are similar to those of the collecting company, medical battalion, infantry division. The only exceptions are:

a. The separate collecting company has a general clerk who is attached to the personnel section of headquarters detachment if the separate company is attached to a separate battalion. He then performs personnel duties, such as making out pay rolls, etc., under supervision of the battalion personnel officer.

b. An additional mechanic is assigned to insure efficient second echelon motor maintenance when the company is operating separately and not supported by a motor maintenance section.

112. EQUIPMENT, TRANSPORTATION, AND TRAINING. These are essentially the same as in the collecting company, medical battalion, infantry division.

113. ADMINISTRATION. Personnel administration is that of any separate company, morning reports being submitted direct to the next higher headquarters (frequently corps or army). When the company is part of a separate battalion or group, reports are submitted to battalion or group headquarters. If the company is acting alone, it carries on its own personnel administration; if a part of a battalion, the battalion headquarters performs personnel administration with the help of a clerk from the separate collecting company.

a. *Medical.* Patients' records are kept on Emergency Medical Tags attached to their persons. The company keeps a log of all patients passing through the collecting station and from this derives data for casualty reports submitted as directed to the next higher surgeon (battalion commander, corps or army surgeon). Statistical Reports and Sick and Wounded Reports are prepared and submitted periodically to the next higher surgeon as directed.

b. Supply. (1) Class I supplies are automatic being drawn daily by the supply sergeant at a designated supply point if the company is acting separately. If the company is part of a battalion, the Class I supplies are obtained under the supervision of battalion headquarters and distributed to the company in battalion headquarters trucks or company trucks, as determined by battalion S-4. Supplies are designated for each separate company by the supply point.

(2) Medical and general supplies are requisitioned by the company supply sergeant under an officer appointed by the company commander. Requisitions are made on the army depot concerned through army headquarters if the company is operating separately. If the company is part of a separate battalion, requisitions go through the battalion S-4 to the depot concerned. Battalion headquarters trucks or company trucks may call for the supplies, which are earmarked for that company alone.

c. Care of sick and injured. When functioning separately, the company may operate its own dispensary. When the company is part of a battalion in which there is a clearing company, the clearing company may be designated to operate a dispensary for the whole battalion.

Section IV. CLEARING COMPANY, SEPARATE

114. ORGANIZATION (see T/O & E 8-28). The clearing company, separate, is organized into a company headquarters and two identical clearing platoons, each capable of operating a clearing station. (See fig. 79.)

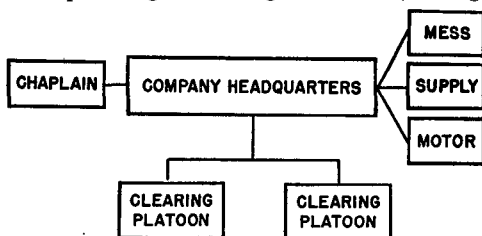


Figure 79. Organization of a clearing company, separate.

115. FUNCTION. a. General. The separate clearing company is assigned to a corps, an army, or a task force as a separate company, or is combined with other separate companies under a headquarters to form a separate medical battalion or a medical group. Under tactical command of battalion or group headquarters or independently under the corps or army surgeon, the company performs clearing functions for corps or army troops. (See par. 68.) The company has facilities to clear approximately 15,000 troops or one infantry division. At times the company may be used to reenforce a division medical service.

b. Special. The internal organization of the company and the functions of the platoons, sections, and individuals are similar to those of the clearing company, medical battalion, infantry division with the following additions:

(1) A chaplain is assigned to the company and devotes his time to the welfare of patients in the clearing stations. (For his specific duties, see TM 16-205.)

(2) A general clerk is assigned to the company for personnel administration, such as making out pay rolls, etc. When the company is part of a separate medical battalion, this clerk is assigned to the personnel section of battalion headquarters and carries out personnel work for the company under direction of the battalion personnel officer.

(3) An additional mechanic is assigned to insure efficient second echelon motor maintenance when the company is operating separately and not supported by a motor maintenance section.

116. EQUIPMENT, TRANSPORTATION, AND TRAINING. These are essentially the same as in the clearing company, medical battalion, infantry division.

117. ADMINISTRATION. Administration is essentially the same as that for the medical collecting company, separate, and the clearing company, medical battalion, infantry division.

Section V. MEDICAL AMBULANCE COMPANY, MOTOR, SEPARATE

118. ORGANIZATION (see T/O & E 8-317). The medical ambulance company, motor, separate, is allotted to an army, a corps, or task force (usually army) as necessary (usually one company per engaged division) to meet varying conditions. It may be part of a medical group or combined with other like companies under a headquarters to form a separate battalion which may in turn be part of a medical group. The company is made up of a headquarters and three ambulance platoons. (See fig. 80.)

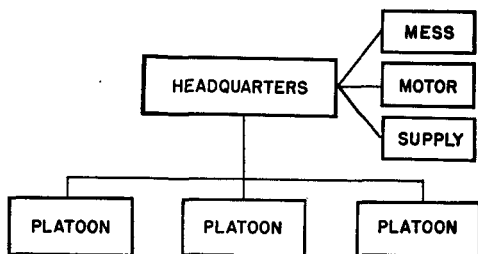


Figure 80. Organization of medical ambulance company, motor, separate.

119. FUNCTION. a. General. (1) This company may perform the following functions:

(a) Evacuate casualties from division, corps, or army clearing stations to evacuation hospitals. One company can furnish evacuation for one division (approximately 12,000 men) from clearing station to evacuation hospital.

(b) Evacuate evacuation hospitals to general hospitals, hospital centers, convalescent hospitals, or camps or ports if railroads are not available.

(c) Reinforce division, corps, or army collecting companies.

(d) Evacuate hospital trains to hospitals.

(e) Evacuate hospitals to hospital trains or ports.

(2) According to AR 40-75, ambulances may be used only for the following purposes:

(a) Transportation of the sick and wounded and the necessary Medical Department personnel on duty therewith.

(b) Recreation of convalescent patients.

(c) Instruction of Medical Department personnel in the duties of ambulance service.

(d) Transportation of medical supplies and Medical Department personnel in the field.

b. Special. (1) *Headquarters.* (a) The commanding officer is responsible for the administration, discipline, training, and operation of the company. He maintains liaison with clearing stations or hospitals to be evacuated and with division, corps, or army surgeons concerning the need for ambulance service and makes recommendations for the use of the company. He is assisted in administration by a first sergeant and two clerks (one company and one personnel clerk). The latter may be attached to battalion headquarters if the company is a component part of the battalion.

(b) The mess section under the mess sergeant is charged with preparation of meals for personnel of the company.

(c) The motor section, under supervision of the motor sergeant, provides second echelon motor maintenance for motor vehicles assigned to the company. Mechanics of the section may work with the motor section of battalion headquarters when the company is part of a battalion.

(d) The supply section is charged with the requisition, storage, and issue of all supplies used by the company.

(2) *Ambulance platoon.* There are three identical ambulance platoons in the company.

(a) *Platoon headquarters.* Each platoon is commanded by an officer assisted by a platoon sergeant. The platoon leaders supervise functioning of the platoon am-

balances including loading, operation along the route, and unloading. To perform this duty he is provided with a 1/4-ton truck and driver. Specific duties are:

1. Supervision of loading of ambulances.
2. Checking patients against list supplied by the clearing station, hospital, or train.
3. Insuring that property exchange takes place.
4. Regulating speed, spacing, route, and stops of the ambulance convoy.
5. Supervision of unloading of ambulances.
6. Checking patients with admitting officers of hospital, train, or ship against list supplied by evacuated station, hospital, or train.
7. Insuring that property exchange takes place.

(b) *Ambulances.*

1. Each platoon generally operates 10 ambulances. Each ambulance is staffed with a driver and an orderly. The driver, assisted by the orderly, is charged with—
 - (a) Operation and first echelon maintenance of the ambulance.
 - (b) Assisting in loading and unloading of the ambulance.
 - (c) Property exchange on loading and unloading.
 - (d) Care of patients while in transit.
2. Each ambulance will, in addition to the equipment habitually carried for the mechanical upkeep of the vehicle, be equipped with such special equipment as is directed by higher authority for the care and treatment of patients en route and for property exchange. This may consist of four litters, twelve blankets, and splints.

120. EQUIPMENT. Equipment consists of that equipment allotted any medical field organization including mess equipment plus the following special items:

- a. Large blanket sets.
- b. Litters (four per ambulance).

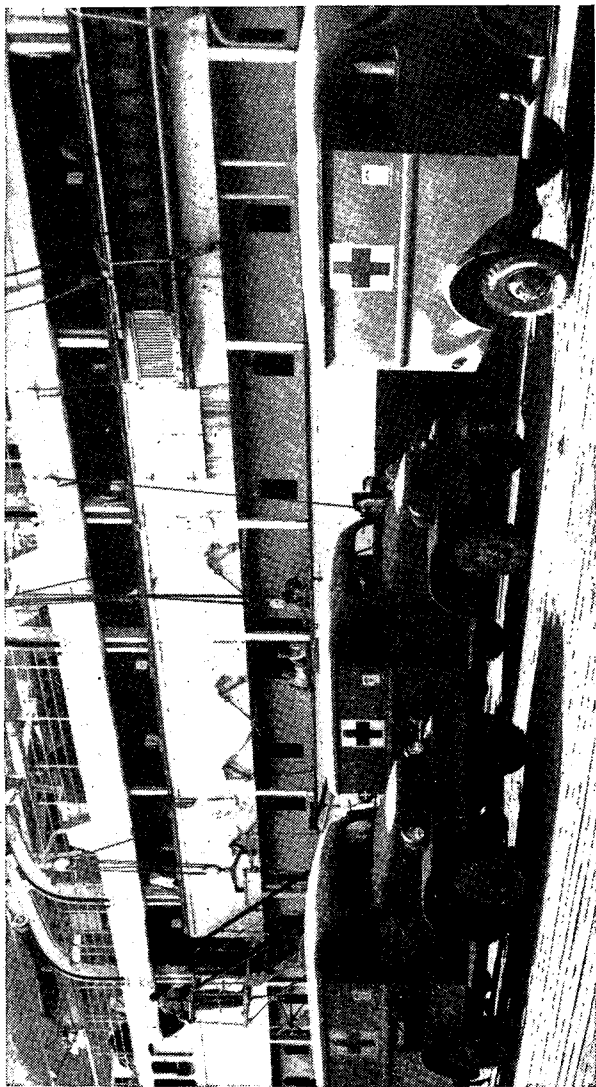


Figure 81. Ambulance convoy evacuating wounded to a hospital ship in New Guinea.

- c. Splint sets.
- d. Second echelon motor maintenance equipment.
- e. Camouflage nets for all vehicles.

121. TRANSPORTATION. a. The transportation is sufficient to move the entire company with equipment. It normally consists of the following:

(1) *Company headquarters.* A few light and heavy trucks for reconnaissance, supply, motor maintenance, and equipment.

(2) *Ambulance platoons (each).* (a) Ten ambulances.

(b) One $\frac{1}{4}$ -ton truck for each platoon commander.

b. Company mechanics under the motor sergeant perform second echelon maintenance when the company is operating separately. If the company is operating as part of a battalion, the mechanics may be attached to the motor maintenance section of battalion headquarters and perform second echelon maintenance there.

122. TRAINING. a. Individual. (1) Besides basic training, drivers and orderlies must receive special instruction and practice in the following:

(a) Driving.

(b) Motor vehicle forms and administration.

(c) First echelon maintenance.

(d) Instruction in convoy driving, types of convoys, blackout driving, etc.

(e) Camouflage of vehicles.

(f) Map reading.

(g) Litter drill and ambulance loading.

(h) Emergency treatment and nursing.

(i) Property exchange.

(2) Technicians who must be trained in special technicians schools or in the unit's own technicians school include cooks, mechanics, and clerks.

b. Unit. Unit training is important. It should consist of convoy driving under different conditions of road,

light, speed, and load and the procedures of loading and unloading.

c. Combined. Combined training should be arranged by the company and higher commanders.

123. ADMINISTRATION. a. Personnel. Morning reports and other personnel reports are submitted daily to battalion or army headquarters as directed.

b. Medical. Special medical reports are submitted if required by higher authority. Lists of patients transported are utilized by the company but need not be prepared by it.

c. Supply. (1) Class I supplies are automatic being drawn daily at a designated supply point.

(2) Medical and general supplies are requisitioned by the supply sergeant (under a designated officer) on the supply section (S-4) of the battalion or on the army depot of the branch concerned. Supplies are delivered by sending company trucks to the depot or to the battalion supply section, or by battalion supply section trucks if desired by battalion S-4.

d. Care of sick and injured. The company is attached for medical care to the nearest organization operating a dispensary, frequently the hospital to which the company is evacuating patients.

CHAPTER 9

HOSPITALS IN THE COMBAT ZONE

Section I. EVACUATION HOSPITALS

124. GENERAL. Evacuation hospitals are organic elements of the field army and function under army headquarters. (At times evacuation hospitals may operate under corps control.) They are of two types: the 400-bed semimobile and the 750-bed. The former has sufficient trucks to move itself by shuttle; the latter has only enough transportation for administrative use. An evacuation hospital functions in direct support of a front line division and carries out the third echelon medical service. It receives patients from divisional, corps, or army clearing stations. 750-bed hospitals are allotted to a field army at the rate of one per three divisions; 400-bed hospitals are allotted to a field army at the rate of one per division.

EVACUATION HOSPITAL, SEMIMOBILE

125. ORGANIZATION (see fig. 83 and T/O & E 8-581). The organization falls naturally into three divisions: the headquarters, the administrative sections, and the professional sections. Each section is responsible directly to the commanding officer.

126. FUNCTIONS. **a. General.** The evacuation hospital, semimobile, is a mobile unit designed to—

(1) Provide as near the front as practicable facilities for definitive treatment for all casualties. Patients are received from division, corps, and army clearing stations. Patients are retained in the hospital for a few hours to a few weeks depending on the rate of admission, necessity

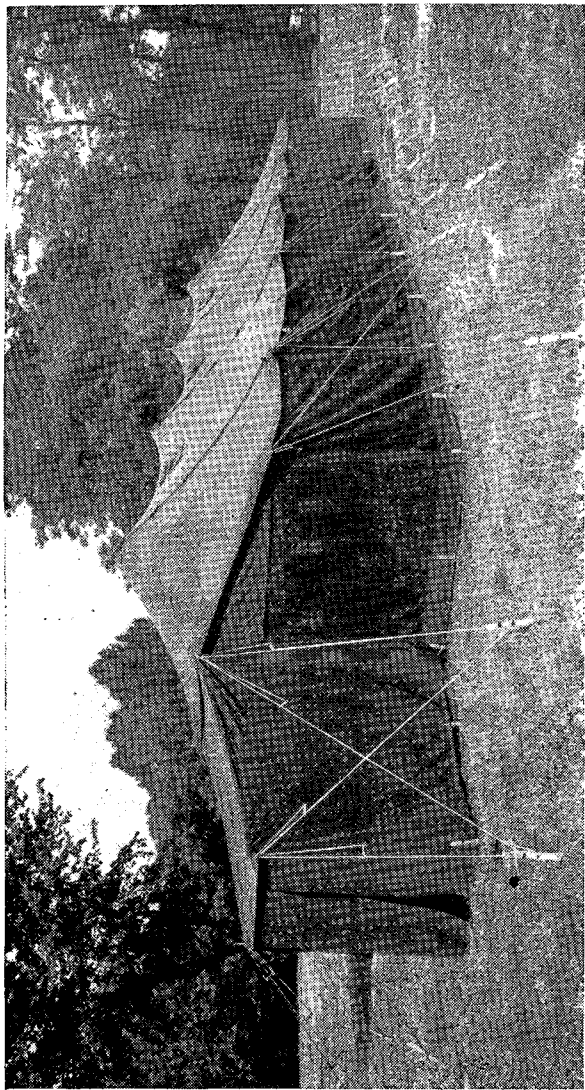


Figure 82. A sectional tent; type used to shelter mobile hospitals. It can be extended to any size by inserting additional sections.

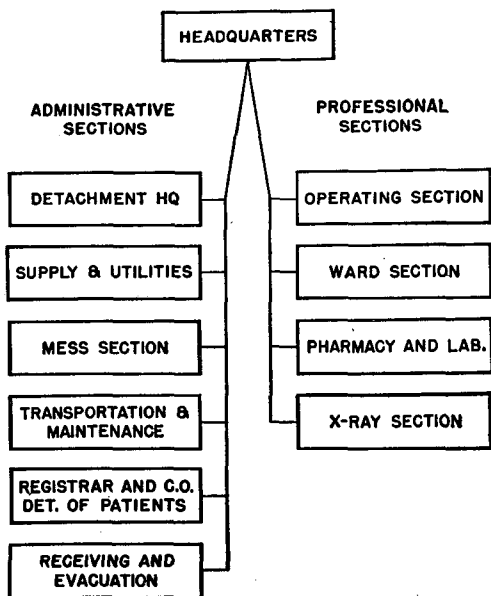


Figure 83. Organization of evacuation hospital, semimobile.

for movement, number of available beds, and the tactical situation.

(2) Provide facilities for the concentration of casualties in such numbers and at such locations that mass evacuation by motor ambulance convoy, ambulance train, ambulance ship or airplane can be undertaken economically.

(3) Continue the sorting of casualties under conditions more favorable for observation and to remove from the chain of evacuation such as are or soon will be fit for duty.

(4) Prepare casualties for extended evacuation to general hospitals at some distance to the rear.

b. Special. (1) *Headquarters.* (a) The hospital commander, a Medical Corps officer, is directly respon-

sible to the army commander or army surgeon as is prescribed for the administration, discipline, training, and operation of the hospital in all situations. He makes such assignment of personnel within the unit as he deems suitable for normal functioning, and interchanges personnel between departments when indicated. Without undue interference as to details, he exercises sufficient direction over his subordinates to insure successful teamwork. He maintains liaison with the office of the army surgeon at all times regarding the condition, establishment, and movement of the hospital, its incoming patients and its need for hospital trains, professional surgical teams, or ambulance elements. He makes continuous anticipatory planning for crisis expansion of the hospital and for unexpected movements to front or rear. He establishes policies regarding the various procedures involved in the establishment and operation of the hospital, and makes appropriate personnel fully acquainted with them. He develops, whenever possible, a personal relationship with the army surgeon, the medical regulator, and with those members of the army general and special staffs whose fields of activity include supply and evacuation.

(b) *Executive officer.* An officer assists the commander in hospital administration and performs such other duties as are delegated to him.

(c) *Chaplain.* See TM 16-205.

(d) *Adjutant.* Carries out the duties delegated him by the commanding officer. These may include such administrative duties as incoming and outgoing orders, files, supervising the message center, keeping the diary, and acting as "officer personnel" officer and fire marshal.

(e) *Principal chief nurse.* The principal chief nurse is directly responsible to the commanding officer. She assigns nurses to the operating, ward, and receiving and evacuation sections in proportion to their relative need. Nurses are responsible for nursing procedure and special diets on the various wards and sections under supervision of the medical officers in charge of the wards and sections.

(f) *Medical inspector.* An officer, in addition to his other duties may be appointed medical inspector. (See AR 40-270.) Besides sanitary inspections, the medical inspector may also act as hospital inspector, conducting periodic inspections to assure that the maintenance of narcotic and ward records and other duties are being performed in a satisfactory manner.

(2) *Administrative sections.* (a) *Registrar and commanding officer, detachment of patients.* This section, commanded by an officer, assisted by a warrant officer, keeps all records of the sick and wounded and prepares all reports pertaining thereto including statistical report, the report of sick and wounded, and daily casualty reports. If there is a detachment of patients, the registrar commands it, being responsible for service records, patients' clothing and valuables, and discipline. In many cases, however, lack of time will prevent establishment of a detachment of patients.

(b) *Detachment headquarters.* This section constitutes the office of the medical detachment (enlisted men of the hospital); the section commander is the commanding officer, medical detachment. He is usually a Medical Administrative Corps officer and is charged with the administration and discipline of the enlisted personnel of the unit, their duty assignments, and so much of their training as may be delegated to him by the unit commander. He commands the guard when this duty devolves upon the unit. In all situations, he is directly responsible to the hospital commander. He may be designated hospital plans and training officer. He is assisted in these duties by a first sergeant and clerk. A supply sergeant may work with the supply section in carrying out supply functions for the detachment. A mess subsection under the mess sergeant may be pooled with the hospital mess section and operate under the mess officer, assisting in the operation of the patients', enlisted men's, and officers' and nurses' mess. (See (d) below.)

(c) *Receiving and evacuation.*

1. *Receiving subsection.*

(a) *Personnel.* The subsection consists of one officer of the Medical Corps and certain enlisted personnel. Nurses may be assigned for duty with this section. Litter bearers are included in the subsection organization. For normal situations, these are equally divided between the receiving and the evacuation subsections. However, in most situations the bulk of these bearers will be needed at one time in either the receiving or evacuation subsection. The entire group may be placed in charge of a noncommissioned officer to form a bearer pool which may be drawn upon by section commanders in accordance with existing needs.

(b) *Functions.* The general functions of the receiving subsection are:

- (1) Reception of incoming patients.
- (2) Examination and classification of patients and their assignment to section and ward. Morphine and sera may be administered.
- (3) Initiation of proper field medical records. (WD AGO Forms 8-27 and 8-28 in accordance with AR 40-1025.)
- (4) Keeping a record of all patients admitted, their diagnosis, etc., and transmitting this information to the registrar's office.
- (5) Checking of the patients' valuables, issuing receipts and turning the valuables over to the registrar for safe keeping. Receipts for valuables are placed with the patients' attached medical records.
- (6) In accordance with existing policies, retaining the patients' clothing and equipment or turning them over to a

representative of the supply department. If time and the situation permit, items of clothing and equipment are carefully listed and tagged with the patient's name and organization. Whether such items accompany the patient if he is evacuated again depends upon existing policy and the exigencies of the situation. Frequently time will not permit this procedure and patients' clothing and equipment may remain with them on the wards.

- (7) Issuing of hospital clothing to incoming patients. (This may be done on the wards when the patient is in a serious condition or when casualties arrive in large numbers.)
- (8) Notation on patients' records of important omissions of treatment.
- (9) Delivery of the patients to the proper ward, section, or department.
- (10) Property exchange (litter, splints, blankets, etc.) with incoming ambulances. A small wall tent near the admitting tents shelters litters, blankets, splints, etc., which are exchanged for similar articles with patients.
- (11) Disinfestation of incoming patients when necessary. Bath equipment is provided.
- (12) Operation of a dispensary for hospital personnel. A prophylaxis station may be operated by this section or by the venereal disease subsection.

2. *Evacuation subsection.*

- (a) *Personnel.* The subsection consists of one officer and certain enlisted personnel. The evacuation subsection may operate in close conjunction with the registrar's office and

may be placed under the registrar if the hospital commander desires. Patients ordinarily are evacuated direct from their ward.

(b) *Functions.* The general functions of the evacuation subsection are:

- (1) Act with or for the unit commander in all matters concerning evacuation which demand correlation with the army surgeon or the appropriate member of the latter's staff.
- (2) Give due notice to ward surgeons and chiefs of sections regarding the arrival and departure of evacuating units (trains, airplane, or motor ambulance units), and keep a running tabulation on the number, type, and location of patients deemed fit for immediate evacuation.
- (3) Obtain from the registrar and deliver to the evacuating officer any valuables previously deposited for safekeeping by patients being evacuated.
- (4) Check the clothing and equipment and valuables, hospital or otherwise, of outgoing patients for completeness and suitability.
- (5) Furnish personnel for the movement of patients from the various wards to the transport of the evacuating unit and for the actual loading of the patients.
- (6) Prepare a tally sheet of outgoing patients during the loading, furnish one copy to the receiving officer (of the evacuating unit), and obtain the latter's signature on another copy as a receipt for the patients being evacuated.
- (7) Make sure that each patient is in proper physical condition to be moved.
- (8) Property exchange with outgoing trains, ambulances, or airplanes.

(d) *Mess section.* This section consists of an officer, mess sergeant, cooks, and cooks' helpers. The mess subsection of detachment headquarters may be pooled with this section. The section then operates three messes: patients' mess for ambulant patients (wards call for food for bed patients), enlisted men's mess, and officers' and nurses' mess. The section is responsible for the storage and preparation of food including operation of a bakery. The mess officer acts as custodian of the mess fund.

(e) *Supply and utilities.* A Medical Administrative Corps officer commands the section which is divided into two subsections:

1. *Supply subsection.* This subsection, supervised by a noncommissioned officer, is charged with—
 - (a) Procurement, storage, and issue of all supplies, general and medical, required by the unit or its installation. Squad tents are provided for storage.
 - (b) Maintenance of a jacket file of all hospital property and other records (vouchers, requisitions, issue slips, etc.).
 - (c) Collection and proper disposal of all salvage within the unit.
 - (d) Conduct of the laundry exchange. (A laundry unit may be attached.)
 - (e) Disposition of patients' clothing and equipment. The clothing of an enlisted patient, if serviceable, is tagged for identification and returned to him upon his departure from the installation (duty or further evacuation). If the clothing is unserviceable, it is turned over to the supply officer for disposition, and the enlisted man is issued available serviceable clothing upon his departure. All items of individual equipment which have accompanied the enlisted patient to the evacuation hospital are turned over to the supply officer. The latter in turn gives them to representatives of the nearest quartermaster company

(salvage collecting) for disposition. During periods of great activity, patients may keep clothing and equipment with them on the wards. Patients should always be evacuated in clean clothing or pajamas. Clothing of officer patients invariably is held and accompanies them if evacuated to the rear.

(f) Second echelon maintenance of all medical equipment.

2. *Utility subsection.* This subsection is charged with the installation, repair, maintenance, and operation of all utilities such as electric system, water system, water-heating facilities, sewage system, communication system, etc. This subsection is also charged with second echelon maintenance of general equipment.

(f) *Transportation section.* This section is commanded by a Medical Administrative Corps officer assisted by a noncommissioned officer (motor sergeant). It is charged with the operation, care, and first and second echelon maintenance of all the hospital motor transport. The trucks supply the hospital and move the hospital by echelon when a change in location is ordered.

(3) *Professional sections.* (a) *Operating section* (surgical service). This section is commanded by a Medical Corps officer trained in surgery. The section consists of a number of specially trained medical officers (anesthetists, general surgeons, neurosurgeon, ophthalmologist, otorhinolaryngologist, orthopedic surgeon, plastic surgeon, and urologist), a number of nurses for duty in the various departments, and a number of enlisted technicians. The chief of section is directly responsible to the hospital commander for the operation of the section. He designates what types of cases will be treated in the various surgical wards (tents) and assigns officer personnel to duties appropriate to their training. In situations other than combat he may actively engage in operative procedures. However, during combat, his duties are to supervise and coordinate the work of the

various departments, to sort the surgical cases, to act as surgical consultant at the request of the chief of the ward section, and to request through the unit commander needed surgical support. The section may be reenforced by personnel of the ward section or by attachment of professional surgical teams. The section is charged with care and treatment of all surgical cases in the hospital, both in the operating tents and on the surgical wards, keeping of appropriate records, administration of the wards (tents) designated as surgical, and the operation of the following departments: dressing room for slightly wounded, preoperative treatment, shock treatment, sterilizing facilities, and operating facilities. The admitting officer at the admitting tent sorts patients into medical patients who go direct to medical wards and into surgical patients who go to the main surgical unit. (See fig. 88.) The surgical patients are seen in a sorting tent by the chief of the surgical section who immediately sorts out minor cases who can be treated in the minor surgery (dressing) tent and sends them there. This classification is important as it prevents the main surgical unit from being overcrowded with many minor cases. Serious surgical cases are again sorted. Those needing immediate surgery are given a priority and sent immediately into the preoperative tent. Those cases needing preoperative X-rays are sent to the X-ray tent adjacent. Patients in shock are sent (unless needing immediate surgery for control of hemorrhage) to the shock tent adjacent. Here they are treated by trained personnel by infusion, transfusion, and other shock treatment until out of shock and ready for surgery. Special shock teams from a professional service unit may be assigned to this department. When patients are ready to be operated on, they are sent into the preoperative tent. Here the wounds are marked, skin is shaved, and the patients prepared for operation. Patients are then sent to one of the operating tents. Only actual surgery is performed here. Four tables may be set up in one ward tent. Surgical teams from the operating section (reenforced if necessary by surgical teams from a

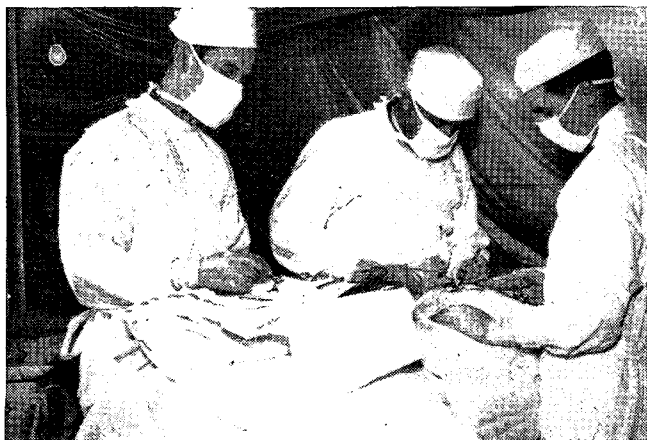


Figure 84. Interior of operating tent.

professional service unit) carry out the operations. They should be relieved every 8 hours. Sterilizing facilities, dressing preparation, scrub-up facilities, etc., are sheltered in a tent adjacent to the operating tents. A fluoroscopy and orthopedic tent for reduction of fractures and application of plaster casts may be added to the surgical unit if needed. (See fig. 91.) When surgery (major or minor) is completed, patients are sent to the surgical wards where they are cared for by personnel of the operating section. Surgeons may care in the wards for those patients upon whom they have operated. Surgeons are responsible for proper entries on the Field Medical Records.

(b) *Ward section* (medical service). This section is commanded by a Medical Corps officer and includes an officer especially trained in internal medicine and another specially trained in neuropsychiatry, and a number of other medical officers. The chief of section designates what types of cases will be treated in the various medical wards (tents) and assigns officer personnel to duties appropriate to their training. The section is charged with

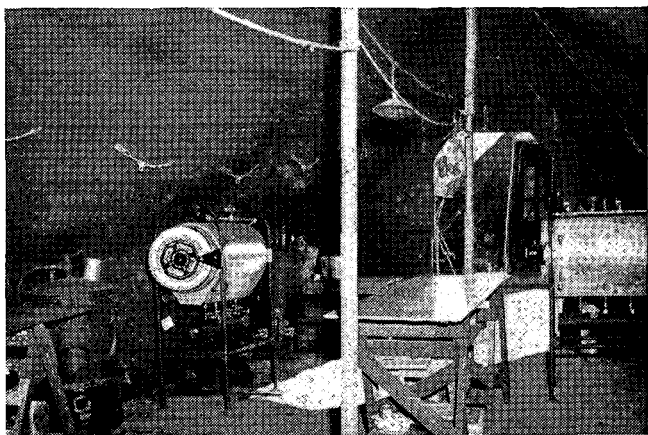


Figure 85. Sterilizing facilities.

the care and treatment of all medical cases within the installation, the safeguarding of their medical records and making of appropriate entries therein, and the internal administration of all medical wards. In addition, under combat conditions, the service may operate a section for the care and treatment of casualties resulting from chemical agents or may be utilized to augment the operating section.

(c) *Pharmacy and laboratory section.* The pharmacy and laboratory are usually operated together in the same tent under supervision of a designated Medical Corps officer. The pharmacy under a noncommissioned officer is charged with the preparation and issue of drugs and prescriptions, and the keeping of suitable records including narcotic records. It draws drugs from the supply subsection. The laboratory performs urinalyses, blood counts, blood typings, serology, autopsies, and other procedures. Requests for laboratory procedures requiring special apparatus, highly specialized personnel, or long periods of time are forwarded to a medical laboratory. A morgue is operated under direction of the lab-

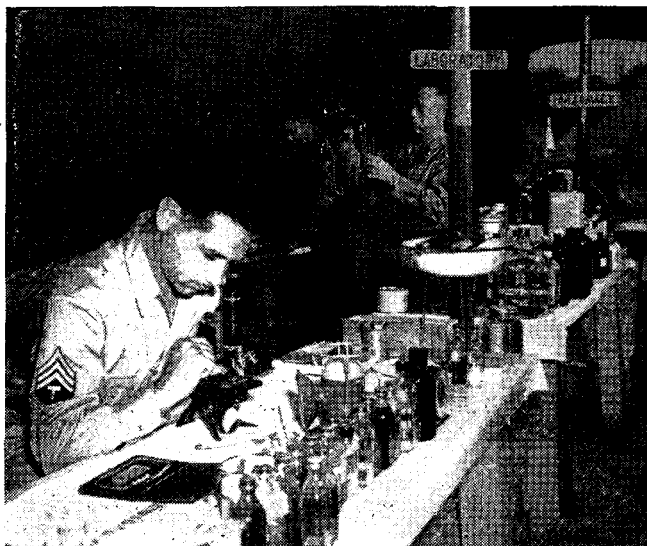


Figure 86. Laboratory and pharmacy.

oratory service. Bodies are prepared for burial but actual burial is carried out by the Quartermaster Corps.

(d) *X-ray section.* The X-ray section personnel consists of a Medical Corps officer (trained in X-ray and with a knowledge of the Army field X-ray equipment), and a number of enlisted men. The officer is charged with supervision of the taking of X-ray pictures in the department and on the wards, fluoroscopy, foreign body location, interpretation of the films, and the keeping of appropriate records. The X-ray department may be located in a tent adjacent to the preoperative tent. This location makes preoperative X-rays convenient and easy to take. A fluoroscopy unit may be located in an adjacent tent used to reduce fractures and apply plaster casts. (See fig. 88.)

(e) *Dental section.* Two dental officers and their enlisted assistants usually operate under the chief of the

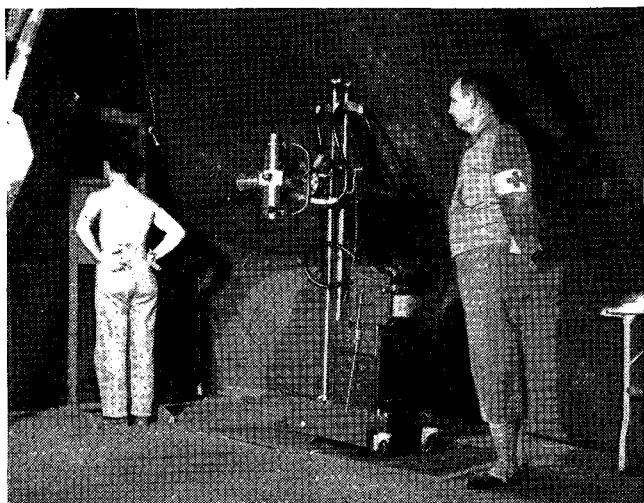


Figure 87. Part of X-ray equipment in an evacuation hospital in England.

operating section. This section is charged with all dental procedures (including dental laboratory work) and the keeping of dental records. One dentist may work with the plastic surgeon on jaw and face wounds. Dental officers may be utilized as anesthetists or surgeons for minor wounds if needed and if properly trained.

127. INSTALLATION. a. General. The unit establishes a hospital of 400 beds. Tentage or existing shelter will usually have to be used as the hospital; capable of moving itself, it may be required to move frequently. Its location depends on the tactical disposition of the troops it supports, transportation facilities to front and rear, water supply, and other factors determined by the army G-4, the army surgeon and the hospital commander. It is located in the army service area as close to the front as practicable. It should be located back of any artillery fire. The site should be level, well drained, well marked

by the Geneva Cross, and at a considerable distance from any military objective. The physical arrangement of the installation depends upon the following factors: establishment in existing shelter, under canvas, or both; the terrain; the relative location of roads from the front; and roads, railroads, or air fields to the rear. Water and sewage facilities are desirable. The extent of the installation is such that the ideal arrangement seldom will be possible, nor will the various factors in any two situations be identical. Frequently the T/E tentage will be in-

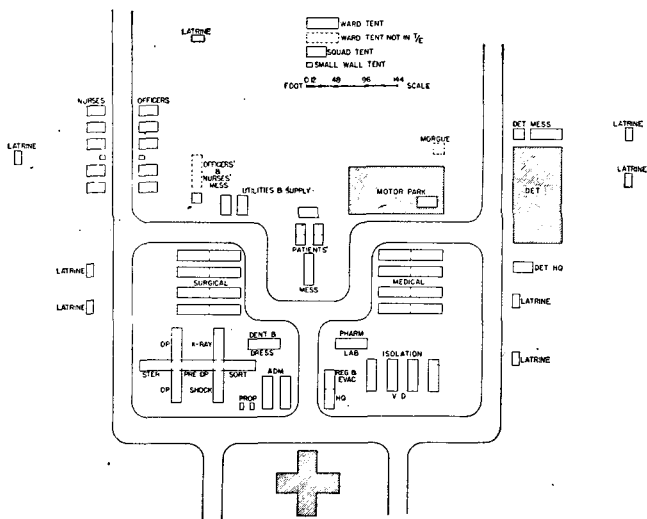


Figure 88. Conventional arrangement of 400-bed semimobile evacuation hospital under T/E canvas.

sufficient. However, for a point of departure, a suggested conventional arrangement under canvas is shown in figure 88. In arranging the ground plan and designating locations for the various departments, adherence to the following general principles is advised:

(1) The receiving department and facilities for property exchange are located so as to be accessible to the road.

(2) Such professional departments as the shock, X-ray, preoperative, and operative tents are not only grouped but are located in the vicinity of the receiving department for the purposes of economizing time and effort and minimizing the patients' discomfort incident to movement.

(3) Service elements are segregated for ease of control and are separated from wards containing critically ill or severely wounded patients.

(4) The patients' mess is centrally located to promote ease in serving patients. Shelter other than the tentage in the T/E may be needed for mess halls. Ward tents may be utilized.

(5) Ground markers (Geneva Cross) must occupy conspicuous positions.

(6) Proper separation of tents or buildings permits the passage of bearers and vehicles. Arrangement must permit crisis expansion. Blocks of tents are separated by 16-foot intervals, individual tents in the blocks, by 8 feet. This permits compactness and passage at intervals.

(7) Facilities for blackout of all tents should be available.

b. Establishing hospital. (1) *Laying out.* Erection of the hospital requires about 4 to 6 hours. Upon arrival at the proposed site, the unit commander decides upon the exact location, the type shelter to be utilized, the extent of the initial establishment, and the priority of departments. By the most convenient means, he conveys these decisions to the section and service commanders and makes available, if possible, a sketch or diagram of the lay-out. When canvas is to be utilized following the conventional or a similar arrangement the unit commander or his representative, usually the detachment commander, designates the exact location of the left front corner of the receiving tent. Markers designating this and similar points for all tents to be erected are then placed.

(2) *Erection of tentage.* A standard order of priority within a unit for the erection of tentage facilities training permits coordination of loading and unloading.

(train or trucks), and insures early establishment of vital departments with a minimum time lag between arrival and the time the installation is ready for actual operation. A conventional hospital plan and a priority list having been adopted, deviations therefrom are kept at an absolute minimum. Tents may be erected end to end for economy of nursing personnel and to produce larger work areas as in the operating tents. The following order for the erection of tentage, also applicable to the establishment of departments in existing shelter, is suggested only as a guide:

1. Receiving wards (department).
2. Sorting and preoperative wards.
3. Shock wards.
4. Operating rooms and sterilizing facilities.
5. X-ray department.
6. Dressing and dental departments.
7. Pharmacy and laboratory.
8. Headquarters and registrar's office.
9. Messes (including kitchens).
10. Wards, medical and surgical.
11. Latrines and screens in designated areas.
12. Quarters for personnel.
13. Remaining administrative offices, supply, and storage facilities.
14. Other installations.

(3) *Distribution of personnel.* Based upon the markers (see b (1) above) tentage and department equipment are appropriately distributed throughout the area, following which the detachment commander assembles all available men, organizes squads consisting of nine men, one a noncommissioned officer, and assigns to each squad the erection of particular tent(s). Squads of men from a particular section or service such as the mess section may be directed to erect the canvas of that department, and immediately to continue with the installation of the operating equipment of that department.

(4) *Installation of equipment.* Each section commander or chief is charged with the installation of such

equipment as pertains to his particular department or section. He inspects his equipment for serviceability, requesting emergency repairs as indicated, and draws any additional supplies required. When his department is prepared to operate, he immediately notifies the unit commander or his designated representative.

c. Disestablishing hospital. This procedure requires about 8 to 10 hours. When the hospital is ordered to move, it will stop receiving casualties but will have to continue to care for the casualties already in the hospital. One part will have to pack up and move to the new location while the other remains to care for the casualties until they have been evacuated. The following is suggested as a guide in determining what departments will move first:

Proceed to new location

Remain at old location

Headquarters	Ward section as needed
Detachment headquarters	One-half nurses
One-half supply and utilities	One-half supply and utilities
One-half mess section	One-half mess section
Registrar	Evacuation subsection
Receiving subsection	
Operating section	
Pharmacy and laboratory	
X-ray section	
One-half nurses	
Unoccupied ward tents	

128. EQUIPMENT. The equipment of an evacuation hospital is that of any field medical unit plus a large amount of special equipment required to carry out its specific function. (See T/O & E 8-581.) It includes among other items ward tents, squad tents, small wall tents, folding cots, field ranges, desks, tables, typewriters, safe, duplicating machine, refrigeration unit, portable disinfector, and one "unit equipment, evacuation hospital, semimobile, 97223 MD Supply Catalog." This equipment list includes the following:

- a. Bath tables, rubber hose, buckets, and other supplies for bathing patients.
- b. Equipment for preparing and giving transfusions and infusions.
- c. Basic instrument sets for general surgery and several special surgical sets for carrying out chest, ENT, eye, genito-urinary, orthopedic and neurosurgery. Folding operating tables, operating lamps with generators, autoclaves, hot water sterilizers, cautery and electro-surgical equipment, electric suction apparatus, spectacle repair case, complete anesthesia apparatus for inhalation, spinal and intravenous anesthesia, a Balkan frame and facilities for splinting and applying skeletal traction.
- d. Centrifuge, microscope, refrigerator, and facilities for making blood counts, urinalyses, serology, examination of pus, feces, and sputum, and autopsies.
- e. Field X-ray equipment for taking 8- to 14-inch and dental films vertically or horizontally, a portable unit to take bedside pictures, a fluoroscopic screen, and developing and darkroom facilities.
- f. Prescription balance, flasks, graduates, and bottles.
- g. Four hundred folding cots and mosquito bars, commodes, dressing carriages and ample blankets, sheets and pillows, and Drinkwater food carts.
- h. Dental chests MD #60, #61, #62 (dental dispensary and laboratory) and maxillofacial surgical kits.
- i. Typewriters, desks, and other office facilities.
- j. A small medical library.
- k. Expendable items (film, drugs, dressings, etc.) to last 10 days.

129. TRANSPORTATION. The transportation is sufficient to move the entire hospital by echelon. For this purpose the unit is furnished with many 2½-ton trucks and 1-ton trailers. Also included are 250-gallon water trailers, several light trucks, and one 700-gallon water truck. Personnel of the transportation section carry out the operation and first and second echelon maintenance of the vehicles. Convoy driving is a large part of the duty of this section.

130. TRAINING. a. General. The hospital commander is responsible for all training except combined training with other units. For the latter, the responsibility rests with the army or corps commander. There being no plans and training officer on the unit staff, the actual management of individual training devolves upon the detachment commander. Acting within the policies and directives of the hospital commander and subject to the latter's approval, he prepares the training programs and schedules, assigns instructors, and exercises general supervision. The hospital commander makes training inspections to insure proper progress of training and the attainment of the prescribed objectives.

b. Individual training. This phase of training is very important because of the great number of responsible and very specialized jobs in a hospital. In addition to basic and technical training, many must be trained in special medical technicians' schools, other in fixed hospitals at the station at which the unit is training, and others by the unit itself in its own technicians' schools.

(1) Administrative personnel must be trained in personnel administration, correspondence, typing, general and medical supply, and sick and wounded reports of many kinds.

(2) Mess personnel must be trained in cooking, preparing of vegetables and meat, baking, preservation and serving of food, diets, and mess administration.

(3) Utilities personnel must be trained in installation, operation and repair of the electric power plant, water supply system, waste disposal facilities, telephone system, and other equipment.

(4) Drivers must be trained as drivers and in first echelon maintenance. Personnel must be capable of convoy driving with and without lights, and of concealment and camouflage of vehicles. Good mechanics are essential. The motor noncommissioned officer must be trained in motor administration.

(5) Surgical personnel must be trained in sterile technique, operation of sterilizers and dressing carriages, no-

menclature of instruments, bandaging, preparation of plaster, use of infusion equipment, preparation of wounds for surgery, use of hypodermics, etc. An orthopedic mechanic is needed.

(6) Medical personnel must be trained in nursing procedures such as bedmaking, bathing patients, giving medicines and enemas, taking temperature, pulse, and respiration, and classification of diets.

(7) Laboratory personnel must be trained in using the microscope and centrifuge, making blood counts, serology, and urinalyses, and use of other laboratory equipment.

(8) Pharmacy personnel must be trained in nomenclature, storage, compounding and dispensing drugs, reading prescriptions, and pharmacy administration.

(9) X-ray personnel must be trained in the setting up and use of the field X-ray units, technique of taking and developing X-ray pictures, and X-ray record keeping.

(10) Litter bearers should be trained in the careful handling of different types of casualties and in the use of the hand and wheeled litter.

(11) Other specialists who must be trained are carpenters, dental technicians, and chaplains' assistants.

c. Unit training. Unit training, under section commanders, should include packing and unpacking of section equipment and establishment of that part of the hospital for which the section is responsible. The ability to work together as a team is essential. Unit training should include establishment and disestablishment of the hospital. Emphasis should be placed on heavy tent pitching. Loading of equipment on trucks and railroad cars should be practiced. Movement by echelon, that is, half the hospital moving while the other half remains, as described in paragraph 127c should be practiced. The SOP should prescribe movement in toto and movement in part.

d. Combined training. This training is possible only on large-scale maneuvers.

e. Drills and ceremonies. (1) *Drill.* The unit drills dismounted in accordance with FM 22-5. Except during active operations, all personnel regardless of how highly specialized professionally should receive a moderate amount of drill. This not only gives the personnel the proper exercise but also develops the soldierly qualities without which the operation of a hospital becomes slovenly and inefficient.

(2) *Ceremonies.* The unit participates in the ceremonies of inspection and formations for the presentation of medals. The unit formations are those of an infantry battalion, the two major sections augmented by the personnel of headquarters simulating two infantry companies. (See FM 22-5.)

131. ADMINISTRATION. a. Personnel. Unit headquarters submits morning reports and other personnel reports and returns to army or corps headquarters, as directed. To obtain the proper amount of rations, a similar report of patients hospitalized is also rendered.

b. Medical. The Emergency Medical Tag ("EMT") WD (AGO 8-26) and the Field Medical Record ("FMR") (WD AGO Forms 8-27 and 8-28) are maintained for every patient. The clearing station tag (WD AGO Form 8-29) may be used in the hospital if desired. The Report Sheet (WD AGO Form 8-23) together with the EMTs and FMRs of patients returned to duty or who died in the hospital are submitted monthly to the army or corps surgeon. The Statistical Report (WD AGO Form 8-122) is submitted to the army or corps surgeon as directed. A clinical index is maintained of all patients admitted and their disposition. A roster of patients in the hospital is maintained. Other reports and returns are submitted as directed by the army or corps commander or army or corps surgeon. These reports are usually submitted daily by telephone and include the following: number of evacuable wounded, sitting and lying cases, number of nonevacuable wounded, number of evacuable sick, sitting and

lying cases, number of nonevacuable sick, and number of vacant beds in the hospital. Clinical records and other forms are used in the internal functions of the hospital as directed by the commanding officer.

c. Supply. (1) Class I supplies are automatic, being drawn daily by the unit supply officer at a designated supply point in the army service area. He in turn issues them to the messes.

(2) Medical supplies are obtained from the army medical depot in one of the following ways: by requisition, by drawing upon established credits, or by informal memorandum. Delivery of medical supplies is effected by sending unit transport directly to the depot, by shipment from the communications zone to the nearest railhead or to the siding adjacent to the installation by air, or, rarely, by the vehicles of the depot. An army medical depot or advance depot is usually located near the hospital.

(3) Other supplies are obtained by requisition on the nearest depot of the branch concerned.

d. Care of sick and injured. Personnel of the receiving subsection operate a dispensary for the care and treatment of the sick and injured personnel of the unit.

EVACUATION HOSPITAL (750-BED)

132. ORGANIZATION (see fig. 89 and T/O & E 8-580). Organization is similar to the semimobile evacuation hospital except that the transportation personnel are incorporated into the supply and utilities section due to the smaller number of vehicles.

133. FUNCTIONS. **a. General.** The 750-bed evacuation hospital has the same general functions as the semimobile evacuation hospital. However, the 750-bed hospital is less mobile and is used in more stable situations where movement is less frequent. It can support larger bodies of troops due to its larger bed capacity. It usually is transported by quartermaster companies or by rail.

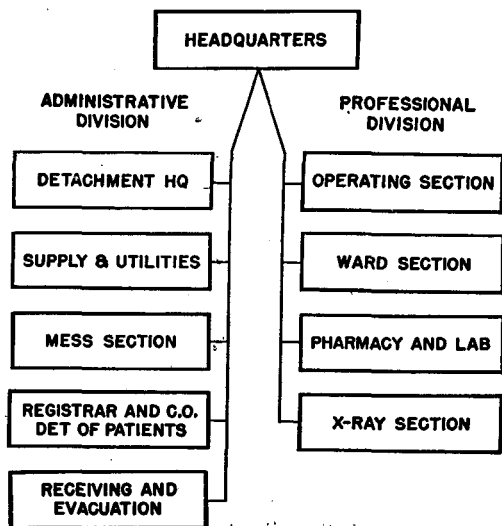


Figure 89. Organization of 750-bed evacuation hospital.

b. Special. Internal organization and functions of the 750-bed evacuation hospital are the same as those of the semimobile evacuation hospital with the following exceptions:

(1) *Executive officer.* An officer is the principal assistant of the commander and supervises the workings of the remainder of the staff. He must enjoy the confidence of the commander and possess a thorough knowledge of his policies and plans. He performs such routine administration of the unit and the hospital as does not require the personal action of the commander. In the latter's absence, he makes the decisions which he thinks the commander would have made in like circumstances and notifies him of those decisions at the earliest opportunity. Usually, in addition to his other duties, he is medical inspector. (See AR 40-270.) Besides sanitary inspections, the medical inspector may also act as hospital inspector, conducting periodic inspections to assure that

the maintenance of narcotic and ward records and other duties are being performed in a satisfactory manner.

(2) The transportation personnel are organized as a subsection of the utilities and supply section due to the smaller number of vehicles. Transportation is sufficient only for routine administration of the hospital and cannot move the hospital.

(3) The personnel of the operating section are organized into surgical teams including three general surgical teams, one maxillofacial team, two orthopedic teams, and two shock teams. Each team is composed of a surgeon, assistant surgeon, anesthetist, nurses, and surgical technicians. Also there is a urological surgeon, a neurosurgeon, a thoracic surgeon, and an EENT surgeon.



Figure 90. A 750-bed evacuation hospital in France.

(Note method of connecting two tents and connecting four tents in a cross formation so that one nurse may serve two or four tents. Note part of large Geneva Cross at right.)

134. INSTALLATION. The unit establishes a hospital of 750 beds. Its location and internal arrangement are similar to those of the 400-bed evacuation hospital. For a suggested conventional arrangement under T/E canvas, see figure 91. The same principles described for establishing and disestablishing the 400-bed hospital

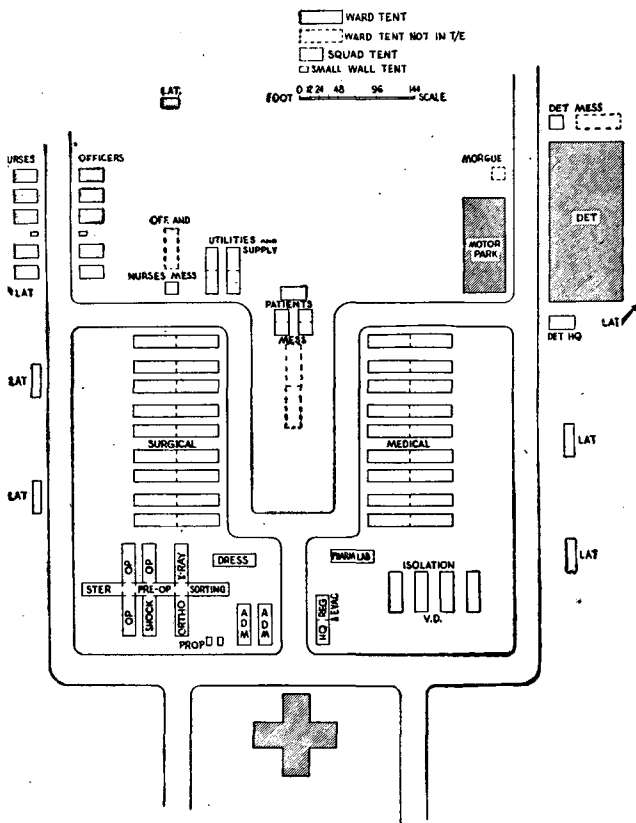


Figure 91. Conventional arrangement of 750-bed evacuation hospital under T/E canvas.

apply to the 750-bed hospital. Railway evacuation and supply of the 750-bed evacuation hospital is more likely than for the 400-bed hospital. Space requirements under canvas are 200 by 200 yards; in buildings, 80,000 square feet.

135. EQUIPMENT. In general, the equipment of the 750-bed evacuation hospital is the same as that of the semimobile except for larger quantity. Principal differences are:

a. Telephones and switchboards are provided for intrahospital communication.

b. More ward tents are provided.

136. TRANSPORTATION. The transportation is sufficient only for routine administration of the hospital and cannot move the equipment. It consists of a few light and heavy trucks and trailers and a 700-gallon water truck.

137. TRAINING. The training of the 750-bed evacuation hospital is essentially the same as that for the semimobile evacuation hospital.

138. ADMINISTRATION. The administration of the 750-bed evacuation hospital is essentially the same as that for the semimobile evacuation hospital.

Section II. CONVALESCENT HOSPITAL

139. ORGANIZATION (see T/O 8-590). The convalescent hospital is organized into a headquarters, a group of administrative sections, a convalescent section, detention section, and a clinical section composed of several professional services. (See fig. 92.)

140. FUNCTIONS. a. **General.** One convalescent hospital is included in the organization of a type army and operates under direct control of the army surgeon. It is

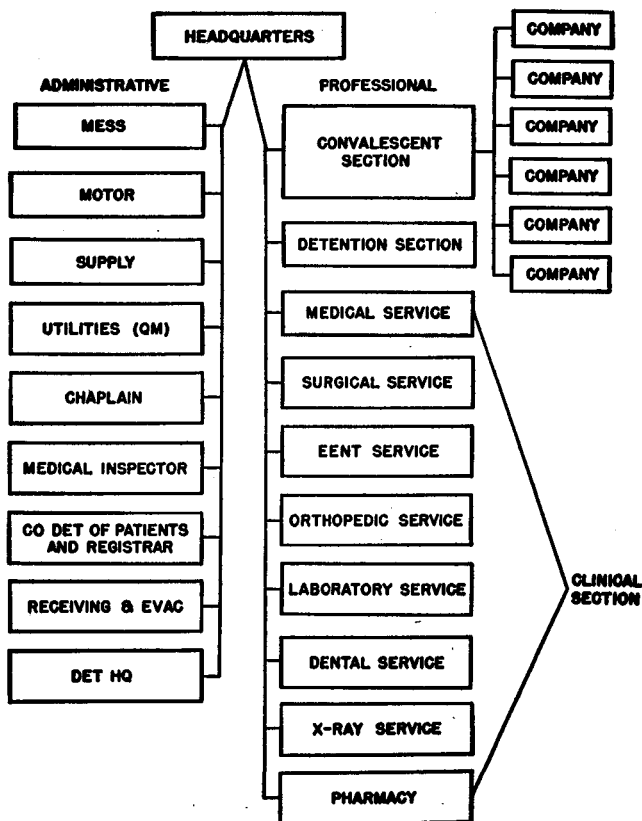


Figure 92. Organization of a convalescent hospital.

a unit designed to care for cases who will probably fully recover and be ready for duty within the limit set by the theater surgeon (usually 120 to 180 days, over which time patients should be transferred to the zone of the interior), but who require little or no medical treatment other than observation and rehabilitation. The convalescent hospital receives patients from evacuation hos-

pitals, army clearing stations, and any unit in the vicinity. It disposes of patients by transfer to a replacement center or return to evacuation hospital if the patient relapses or shows unsatisfactory progress. The technical functions of the convalescent hospital (except for active cases admitted locally) are the observation and rehabilitation of patients under its care.

b. Special. (1) *Headquarters.* (a) The *commanding officer* is responsible for the administration, discipline, training, and operation of the hospital at all times. He is directly responsible to the army surgeon. He maintains liaison with the army surgeon, the commanders of the army evacuation hospitals, and the commander of the army replacement center to which patients are returned to duty.

(b) The *executive officer* has the same duties as those described for the executive officer, evacuation hospital, 750-bed.

(c) The *adjutant* is charged with the routine administrative work of headquarters including correspondence, incoming and outgoing orders, and personnel work. He is assisted by the sergeant major and enlisted clerks.

(2) *Administrative sections.* (a) *Mess.* This section, under the direction of a Medical Administrative Corps officer (also motor officer) and a technical sergeant, is charged with the operation of nine messes. A mess under a noncommissioned officer is maintained for each of the convalescent companies (six) and for the detention section. A single kitchen supplies food for two additional messes, one for officers and one for enlisted personnel.

(b) *Motor.* This section, under direction of an officer (also mess officer), is charged with the operation and first and second echelon maintenance of all motor vehicles assigned to the hospital.

(c) *Supply.* This section, under direction of an officer (also detachment commander), is charged with the following duties:

1. Procurement, storage, and issue of all supplies, general and medical, required by the unit and its

installation, including the keeping of appropriate records.

2. Collection and proper disposal of salvage.
3. Conduct of the laundry exchange. (A laundry unit may be attached.)
4. Disposition of patient's clothing and equipment. (See sec. I.)

(d) *Utilities.* This section, under a Quartermaster Corps officer, is charged with the installation, maintenance, operation, and repair of all utilities including electric system, water system, water-heating facilities, sewage system, communications system, etc.

(e) *Chaplain.* See TM 16-205.

(f) *Medical inspector* (also executive officer). Besides sanitary inspections, the medical inspector may also act as hospital inspector, conducting periodic inspections to assure himself that the maintenance of narcotic and ward records and other duties are being performed in a satisfactory manner.

(g) *CO detachment of patients and registrar.* This section is charged with the keeping of preparation of sick and wounded records for the hospital and the command and administration of the patients. (See sec. I.) Service records of patients are kept in this office, patients' valuables stored, and patients' discipline supervised.

(h) *Receiving and evacuation office and dispensary.* This section is charged with essentially the same duties as the receiving and evacuation section of the evacuation hospital. It is headed by an officer of the medical service. The receiving and evacuation office may be combined with a dispensary with representatives of the medical, surgical, EENT, and dental services present for consultation and treatment of patients from the convalescent section.

(i) *Detachment headquarters.* This section, commanded by a Medical Administrative Corps officer (also supply officer), is charged with the same duties as the corresponding section of the semimobile evacuation hospital.

(3) *Professional sections.* (a) *Convalescent section.* This section is organized as a battalion consisting of a commanding officer (a medical officer) and six convalescent companies of patients, each commanded by a non-medical officer assisted by a noncommissioned officer who acts as first sergeant. Each company has its own mess, its own orderly room, and in other ways is similar to a line company. The section contains the bulk of the patients in the hospital. All patients in this section should be ambulant. Under supervision of the medical officer and company commanders, patients perform graduated exercises, drill, receive various physiotherapy treatments and procedures, and receive instruction in military subjects which will benefit them on their return to duty.

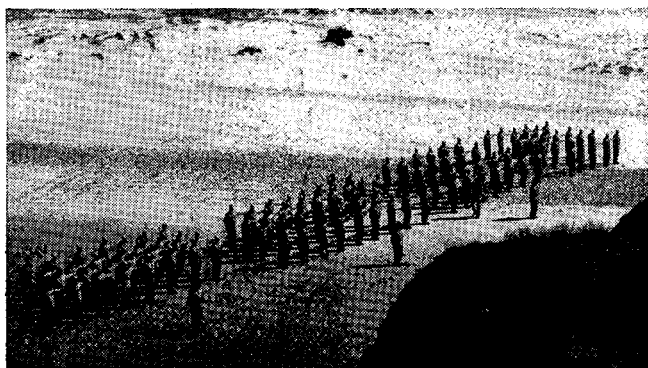


Figure 93. A convalescent company at drill in New South Wales.

(b) *Detention section.* This section, under the direction of two medical officers, cares for venereal cases which need hospital treatment and who will probably be ready for duty in the prescribed time limit. Exercise and instruction may be given to those designated by the section chief. The section operates its own mess. If the number of patients is large enough, the section may

be organized into companies as is the convalescent section.

(c) *Clinical section.*

1. *Medical service.* This service, supervised by two medical officers, acts as medical consultants for medical complications or relapses occurring in patients on the convalescent or detention sections. It also cares for a limited number of medical bed patients in the medical ward who may be transferred from the convalescent section or admitted from the immediate area. Officers of this section may make periodical examinations of medical cases on the convalescent section to determine whether the patients are able to return to duty. One of these officers may be detailed to be receiving and evacuation officer.
2. *Surgical service.* This service, normally supervised by three medical officers, provides surgical consultation for surgical complications or relapses occurring in patients on the convalescent or detention sections. It also cares for, in the surgical ward, a limited number of surgical bed patients who may be transferred from the convalescent section or admitted from the immediate area. Officers of this section may make periodical examinations of surgical cases in the convalescent section to determine whether the patients are able to return to duty. The section may perform emergency operations on convalescent patients or on new cases which may be brought directly to the hospital.
3. *EENT service.* This service, normally supervised by two medical officers, acts as EENT consultants for EENT complications and relapses occurring in patients in the convalescent or detention sections. The officers may make periodic examinations of EENT cases in the convalescent section to determine whether the patients are able to return to duty. The section performs EENT procedures for all patients in the hospital.

4. *Orthopedic service.* This service, supervised by a medical officer, acts as orthopedic consultant for orthopedic complications and relapses occurring in patients in the convalescent section and supervises and performs the continued treatment of orthopedic cases. The section cares for a limited number of orthopedic bed cases in a ward, who may be transferred from the convalescent section or admitted from the immediate area. The officer in charge may make periodic examinations of orthopedic cases in the convalescent section to determine whether the patients are able to return to duty.
5. *X-ray service.* This service, supervised by a medical officer, performs X-ray functions for patients in the convalescent and detention sections. This service includes fluoroscopy, taking, developing, and interpreting pictures and the keeping of appropriate records.
6. *Dental service.* This section, normally operated by four dental officers and a number of enlisted men, performs dental work for those patients in the convalescent or detention sections who need it. It also supervises the care of dental and jaw cases among the patients in the convalescent section, conducts dental surveys, and acts as dental consultant.
7. *Laboratory service.* This service, operated by a medical officer and enlisted assistants, performs such laboratory work as is requested by medical officers caring for patients in the convalescent or detention sections or clinical services. Procedures possible in the laboratory are blood and spinal fluid Kahn and Wassermann tests, blood counts, urinalyses, and other simple routine procedures. The laboratory is also charged with the operation of a morgue and the performance of autopsies.

8. *Pharmacy.* The pharmacy, operated by a non-commissioned officer and enlisted assistants under a medical officer designated by the hospital commander, is charged with the preparation and issue of prescriptions and drugs needed by all sections and services of the hospital.
9. *Nurses.* No nurses are provided in the T/O. Nursing procedures where needed are accomplished by enlisted men. Most patients are able to care for themselves so that the need for nursing personnel is limited.

141. INSTALLATION. The convalescent hospital has a normal capacity of 3,000 patients and can be expanded to accommodate 5,000 patients for a short period. It is usually located centrally but well to the rear of the army area in a place that is convenient to evacuation hospitals and the army replacement depot, at a site selected by the army surgeon, army G-4, and the hospital commander. It may be located to the rear of the army rear boundary although remaining under army control. The site should be level, well drained, and marked by the Geneva Cross. Water and sewage facilities are desirable. The physical arrangement of the installation depends upon the following factors: establishment in existing or temporary buildings (about 120,000 square feet of floor space required), under canvas (a space about 540 by 300 yards required), or both; the terrain; water and sewage facilities, etc. There is no conventional arrangement for a convalescent hospital. Hospital headquarters and the receiving department are placed conveniently for transport elements arriving with patients. The clinical section is installed adjacent to the receiving department with messing facilities for bed patients in the same general vicinity. For detention and convalescent sections containing only ambulant patients, considerable leeway in location is allowable. The detention section is so placed as to facilitate the segregation of its patients from those of other

sections. The establishing of the installation is analogous to that of the evacuation hospital. The commander makes decisions as to the location of sections and the extent of the initial establishment while the exact location of departments and the priorities within the section are the prerogative of the section commanders subject to the approval of the hospital commander. No portion of the hospital is ever established until the need for it is definitely foreseen. The condition of patients arriving at the convalescent hospital is never such as demands extensive and elaborate hospital facilities requiring any considerable time for preparation. Medical and surgical wards, operating rooms, etc., may be established in ward tents. Most of the patients (ambulant) may be sheltered in pyramidal tents. When the hospital is to be moved, it may be necessary to move it by echelon. (See sec. I.) A proportion of the personnel and matériel is withdrawn from service and moved to a new location by rail or quartermaster truck company to establish the new hospital. When the new hospital is ready to receive patients, the old one suspends admissions. The movement gradually proceeds from the old to the new location as the patient population decreases in the former and increases in the latter.

142. EQUIPMENT. Equipment of the convalescent hospital includes the following important items:

- a. Field equipment issued any field organization.
- b. Pyramidal tents for 3,000 ambulant patients.
- c. A few ward tents for the clinical section.
- d. A few large wall and storage tents for offices and storage.
- e. Four-unit field ranges for eight kitchens.
- f. Desks, typewriters, and other office equipment.
- g. A chaplain's outfit (portable organ, hymnals, etc.).
- h. Safes.
- i. Telephones and switch board.
- j. One "Convalescent Hospital (97215)." This Medical Department equipment list includes the following items of interest:

(1) Drugs and expendable supplies to last an estimated 3 months.

(2) Complete basic and special instrument sets for all types of surgery, sterilizers, operating tables, operating light, gowns, masks, and other equipment for major and minor surgery, EENT instruments, spectacle filing cases, and other special equipment.

(3) 3,000 folding cots, 6,000 blankets, linen, dressing carriages, ward cases (instruments), pajamas, and other ward equipment.

(4) Field laboratory chest (with microscope, blood count, and urinalysis equipment), distilling apparatus, facilities for serology, preparing intravenous solutions, post mortem case, refrigerator, and other laboratory equipment.

(5) Field X-ray equipment including facilities for horizontal and bedside pictures, fluoroscopy, development of film, and accessories.

(6) A few chests MD #60 (dental dispensary) and one each chest MD #61 and #62 (dental laboratory).

(7) Typewriters, tables, chairs, and other office equipment.

143. TRANSPORTATION. Transportation is sufficient only for routine administration of the unit. It is not sufficient to move the unit even by shuttle. Transportation includes the following:

a. A few ambulances for local or incidental use. Army ambulance companies bring convoys of patients from evacuation hospitals. Trucks are used to carry recovered casualties to a replacement center.

b. A few $\frac{1}{4}$ -ton trucks for administration.

c. Several $\frac{3}{4}$ -ton weapons carriers, primarily for supplies.

d. A few $2\frac{1}{2}$ -ton cargo trucks.

144. TRAINING. Training is similar to that of the evacuation hospital.

145. ADMINISTRATION. Administration is essentially the same as that of the evacuation hospital.

Section III. PORTABLE SURGICAL HOSPITAL

146. GENERAL. The portable surgical hospital is an independent, self-contained unit under direct control of the division, task force, or army commander, depending upon the unit to which it is attached. It is not an integral part of nor does it replace any divisional medical unit or any hospital unit attached to a division.

147. ORGANIZATION (see T/O & E 8-572). The portable surgical hospital is composed of a headquarters, professional sections, and administrative sections. (See fig. 94.)

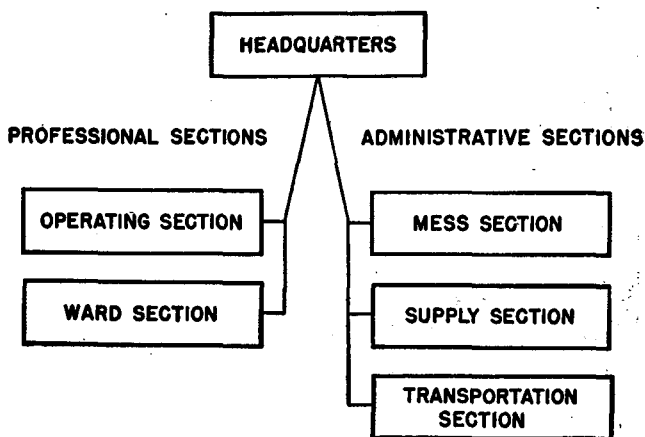


Figure 94. Functional organization of a portable surgical hospital.

148. FUNCTION. **a. General.** The portable surgical hospital supplements the organic medical service of a division or task force. It provides definitive surgical

treatment of greater scope than that given in a clearing station for seriously wounded casualties for whom delay or further transportation would be fatal. Delay of definitive treatment and difficulty of evacuation are great in mountain and jungle country. This is the reason for the use of the portable surgical hospital. It may also provide temporary hospitalization for isolated ground or air units particularly in mountain or jungle country during the phase of operations prior to the establishment of more complete hospital facilities. The portable surgical hospitals are normally allotted at the ratio of three

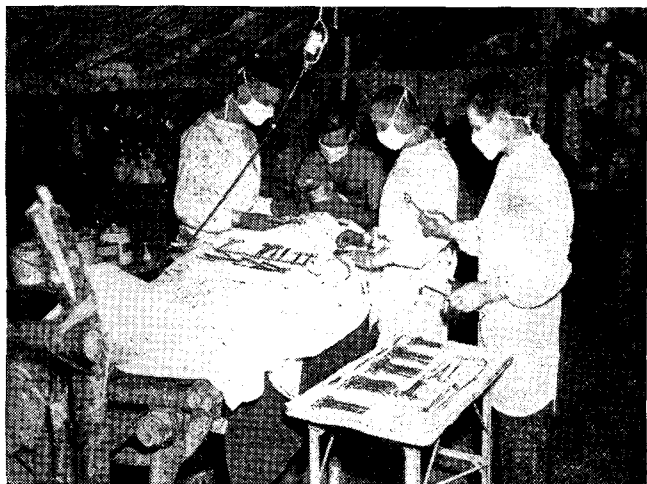


Figure 95. Portable surgical hospital in the Southwest Pacific.

or more per division (one per regiment). The hospitals may be located in the vicinity of the clearing station, or forward near a collecting station. They may be located within litter carry distance of the front line. The hospital receives such patients from clearing stations as require immediate major surgery, or may receive this type of patient direct from unit aid stations or collecting stations. The hospitals are evacuated as rapidly as possible,

usually through the clearing station to field or evacuation hospitals by litter, raft, boat, converted $\frac{1}{4}$ -ton trucks, ambulance, or airplane, by division or higher medical service to evacuation hospitals. Hospitals not established initially may be held in reserve in vicinity of a clearing station or the personnel of portable surgical hospitals may be used to reenforce temporarily the division clearing stations. When establishing forward of a clearing station frequently only the "portable" equipment or that equipment which can be carried on the backs of men is brought forward and the rest left behind at the clearing station. This "portable" equipment is such as to enable establishment and operation of the hospital for a short time only.

b. Special. (1) *Headquarters.* This section is under command of a medical officer, the hospital commander, assisted by a noncommissioned officer (acts as first sergeant), and a clerk. It compiles all personnel and medical records and may act as admitting office. The commander will be occupied as an operating surgeon much of the time.

(2) *Professional sections.* (a) *Operating section.* This section is the largest and most important part of the hospital. It consists of an operating surgeon (also hospital commander), two assistant operating surgeons (medical officers), an anesthetist-internist (medical officer), and a number of enlisted technicians. The section carries out all operative procedures carried on by the hospital including major abdominal, chest, and brain surgery. It may also treat patients for shock, wash wounds, and carry out other preoperative procedures. (See fig. 96.)

(b) *Ward section.* This section with a capacity of 25 bed patients cares for surgical cases before and after operative procedures. It furnishes nursing care and shock treatment. It is operated by enlisted technicians under direction of an officer designated by the hospital commander. It has such a limited bed capacity that evacuation must be frequent and admissions limited to



Figure 96. Operating section of portable surgical hospital in South Pacific.

only those requiring definitive surgical procedures. Mobility and bed space must be maintained.

(3) *Administrative sections.* These sections are directed by a staff sergeant under supervision of an officer designated by the hospital commander. The sections are as follows:

(a) *Mess section.* This section operates a mess for personnel of the hospital and patients. If the hospital is in the vicinity of a clearing station, a combined mess may be operated by mess personnel of the two organizations.

(b) *Supply section.* This section, under direction of an officer designated by the hospital commander, is responsible for requisition, storage, and issue of all supplies,

medical and general, used in the hospital and the keeping of appropriate records.

(c) *Transportation section.* This section normally consists of three drivers.

149. EQUIPMENT. The portable surgical hospital is equipped with the usual equipment supplied any field medical organization plus a few squad tents for shelter of hospital facilities, folding cots for patients, kitchen tents, and one "unit equipment" for a portable surgical hospital. This Medical Department equipment list divides equipment into two lists, one being "portable" and carried in packs to a forward position and the other being those items which may be left behind in reserve. There are both portable and reserve items of the following types: drugs and dressings to last an estimated 10 days; surgical equipment, which includes catheters, skeletal traction apparatus, instruments for all major general surgery; anesthesia apparatus for inhalation, endotracheal, spinal, intravenous and local anesthesia, autoclave, and laryngoscope; other equipment, including litters, sheets, blankets, and kitchen equipment. Pack cases are supplied for carrying portable equipment on the backs of personnel, each load not to exceed 40 pounds. The total weight of portable equipment is about 1,000 pounds. (See fig. 97.)

150. TRANSPORTATION. Motor transportation is not sufficient to move the entire unit. The primary method of transport is walking with packs. The vehicles consist of a $\frac{1}{4}$ -ton truck and trailer and a few $\frac{3}{4}$ -ton weapons carriers. There is no mechanic.

151. TRAINING. a. Individual. Besides basic and technical training, the training of a number of surgical and medical technicians is most important. They may be trained in special technicians' schools in fixed hospitals at the same station at which the unit is training, or in the unit's own technicians' schools. The instruction



Figure 97. Part of pack equipment of a portable surgical hospital.

should include operation of sterilizers, handling and nomenclature of instruments, and surgical and medical nursing. Cooks must also be trained. Emphasis should be laid on physical conditioning and hiking with pack equipment. All personnel should be young and physically competent to withstand the strain of extended exertion.

b. Unit. As soon as the individual soldier has acquired sufficient proficiency to profit thereby, he should be trained as a part of his section. This training includes packing and unpacking of equipment and establishment of that part of the station for which the section is responsible. As soon as the sections are able to function reasonably well, the entire hospital should be trained to act as a coordinated unit. No phase of training is more vital for the functioning of the portable surgical hospital than this one. The methods of transporting the equipment demand that the system of packing be standardized and made familiar to each member of the unit. Upon unit training depends the rapidity with which the hospital can be established and made ready for operation, as well as the closure and movement of the installation.

c. Combined. Combined training with other units will take place during maneuvers, and is the responsibility of the surgeon of the unit to which the portable surgical hospital is attached.

152. ADMINISTRATION. a. Personnel. Morning reports and other personnel reports are submitted by the unit headquarters to the next higher commander as directed. To obtain the proper amount of rations, a similar report of patients hospitalized is also rendered.

b. Medical. Entries are made on an Emergency Medical Tag (EMT) (WD AGO Form 8-26), and a Field Medical Record (FMR) (WD AGO Forms 8-27 and 8-28) initiated for every patient. The Report Sheet (WD AGO Form 8-23) together with the EMTs and FMRs of patients returned to duty are submitted monthly to the next higher surgeon (division or task force). The Statistical Report (WD AGO Form 8-122) is submitted to the next higher surgeon as directed. A simple record is maintained of all patients admitted and their disposition. Daily casualty reports are compiled from this record. Forms used in the internal function of the hospital are as directed by the hospital commander.

c. Supply. (1) Class I supplies are automatic, being drawn daily at a designated supply point in the division or task force.

(2) Medical supplies are obtained from the division or task force medical supply officer by requisition or informal memorandum. Delivery of medical supplies is by sending unit trucks to the supply point and forward delivery by pack or litter bearer if necessary.

(3) Other supplies are obtained by requisition on the division or task force supply point appropriate.

d. Care of sick and injured. The professional division acts as dispensary for hospital personnel.

CHAPTER 10

MEDICAL LABORATORY

153. ORGANIZATION (see T/O & E 8-500 HB). The medical laboratory is composed of a headquarters, three mobile laboratories, and a group of professional sections which make up a base stationary laboratory. (See fig. 98.)

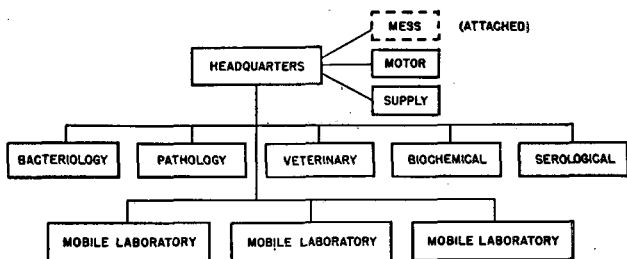


Figure 98. Functional organization of army medical laboratory.

154. FUNCTIONS. a. General. The medical laboratory is assigned one to a type army and one per section of the communications zone. When the communications zone is not organized into sections, laboratories are located as required by the health situation. They conduct epidemiological investigations, surveys, and studies with necessary laboratory work including water analysis. It provides the army medical service with facilities for certain types of laboratory supplies and examinations which are otherwise unavailable to the army medical units (evacuation hospitals, etc.). Some specific functions are:

(1) Routine serology, blood, and pathology tests and examinations requested by organizations in the army which do not have serological equipment.

(2) Routine water analyses.

(3) Special examinations pertaining to meat, food, and dairy products.

(4) Investigation of epidemics.

(5) Distribution of special laboratory supplies such as special reagents and solutions, culture media, and diagnostic biologicals not furnished through routine supply channels.

(6) Augments temporarily in emergencies the laboratory section of any army unit.

(7) Performs post mortem examinations incident to special investigations, and collects and preserves such pathological specimens as are of historic or educational value. To perform these functions, the headquarters and stationary laboratory should be located in a central position from a service point of view and where permanent buildings exist, preferably one with laboratory facilities such as a school or a public health building. Requests for laboratory tests, surveys, etc., may come from unit surgeons, medical inspectors, or medical units.

b. Special. (1) *Headquarters.* The commanding officer, a Medical Corps officer, is responsible for discipline, training, administration, and operation of the laboratory in all situations. Although his main duties are administrative, he should be a man thoroughly trained in general laboratory work and epidemiology. He is directly responsible to the army or communications zone surgeon. An officer acts as administrative assistant. He carries out company administration for the laboratory personnel including personnel administration, supervision of a mess team (T/O & E 8-500) if attached, operation of motor vehicles (assisted by a noncommissioned officer), supply (assisted by a supply sergeant), and also supervises laboratory reports, etc. He is assisted by noncommissioned officers and clerks.

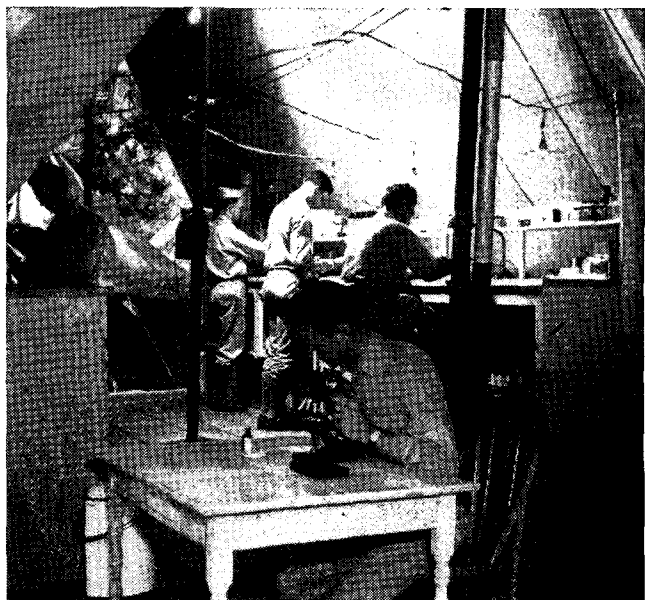


Figure 99. Interior of stationary laboratory.

(2) *Professional sections.* (a) *Bacteriology section.* This section is commanded by an officer trained in bacteriology assisted by another officer and enlisted technicians. It is charged with identification of bacteria found in cultures, specimens, and water samples sent in by other organizations in the army or communications zone.

(b) *Pathology section.* This section is commanded by a medical officer trained in pathology assisted by enlisted technicians. It is charged with the examination of specimens sent in by other organizations in the army or communications zone, the preparation of microscopic sections and their diagnosis, and the performance of autopsies of unusual or special nature.

(c) *Veterinary section.* This section is commanded by a Veterinary Corps officer assisted by enlisted technicians. It is charged with the laboratory examination of foods, animal cultures, including bacteriology of food specimens sent in from other organizations of the army or communications zone.

(d) *Chemical section.* This section is commanded by an officer trained in biochemistry assisted by enlisted technicians. It is primarily charged with the performance of biochemical tests on blood, urine, etc., sent in by other organizations of the army or communications zone.

(e) *Serology section.* This section is commanded by an officer trained in serology assisted by enlisted technicians. It is primarily charged with the performance of serological tests on blood sent in by other organizations of the army and communications zone. These include Kahn, Wasserman, agglutination, and other tests from those hospitals not equipped for serology.

(f) *Mobile laboratories.* These three identical sections usually consist of one medical officer trained in general laboratory work, one sergeant, two laboratory technicians, a truck driver, one 2½-ton laboratory truck and one ¼-ton truck, and certain laboratory equipment. A mobile laboratory operates to solve a specific problem. Ordinarily it will not perform complicated definitive laboratory work. It will carry out simple laboratory procedures and collect material for epidemiological sanitary or supplementary laboratory examinations. Bacteriological and biochemical tests requiring bulky equipment are not ordinarily done by mobile laboratories. Special equipment may be drawn from equipment of the stationary laboratory. At times, when the army service area is very extensive, one or more mobile laboratories may be reinforced and form a branch laboratory to serve a separate corps or task force. The mobile laboratories remain under control and administration of the headquarters but may be attached to other units for rations. They return to headquarters when the mission is finished.



Figure 100. A mobile laboratory truck—interior view. (The standard 2½-ton truck body is used.)

155. EQUIPMENT. The equipment includes the usual equipment assigned any field organization, plus a squad tent for shelter of personnel or laboratory sections if permanent shelter is not available, a small wall tent for the laboratory commander, safe, tables, typewriters, and one "Unit Equipment, Medical Laboratory, Army or

Communications Zone 9727500." This Medical Department equipment list includes fairly elaborate laboratory equipment for carrying out the functions of the laboratory. Among other items it includes dissecting and autopsy instruments, incubator, autoclave, microscopes, centrifuge, glassware, microtome, Kahn shaking apparatus, many drugs and chemicals, and several laboratory books. The three laboratory trucks have cabinets and some nonstandard items but most items must be supplied from the above list.

156. TRANSPORTATION. Motor transportation of the unit is sufficient only for administration and supply of the unit plus transportation to fully mobilize (carry personnel and equipment) the three mobile laboratories. Transportation includes several light and heavy trucks and usually three 2½-ton special laboratory trucks. There is no mechanic; however, a mechanic may be attached.

157. TRAINING (see T/O & E 8-500 and par. 257). The sergeants in the three mobile laboratories should be particularly well trained in general laboratory work.

158. ADMINISTRATION. **a. Personnel.** Unit headquarters submits morning reports and other personnel reports to army headquarters or communications zone headquarters as directed.

b. Medical. Special medical (laboratory) reports are submitted to the army or communications zone surgeon as directed. Report forms for specific laboratory tests are received in duplicate from authorized units and individuals (unit surgeons, medical inspectors, medical installations). The report is filled in, one copy filed at laboratory headquarters and one sent to the requesting organization or individual.

c. Supply. (1) Class I supplies are automatic, being drawn daily by the unit supply officer at a designated

supply point in the army service area or communications zone. They are drawn only if a mess team is attached.

(2) Medical supplies are obtained from the army or communications zone depot by requisition, by drawing on established credits, or by informal memorandum. Delivery is by sending laboratory vehicles direct to the depot. Special laboratory supplies not handled by army medical depot are obtained from the general laboratory in the communications zone.

(3) Other supplies are obtained by requisition on the nearest depot concerned.

d. Care of sick and injured. Since no dispensary equipment is authorized, personnel of the laboratory are attached for medical purpose to the nearest organization operating a dispensary.

CHAPTER 11

MEDICAL DEPOT COMPANY, COMBAT ZONE

159. ORGANIZATION (see T/O & E 8-667). The medical depot company, combat zone, is organized into a headquarters, a maintenance platoon, and three identical storage and issue platoons. (See fig. 101.)

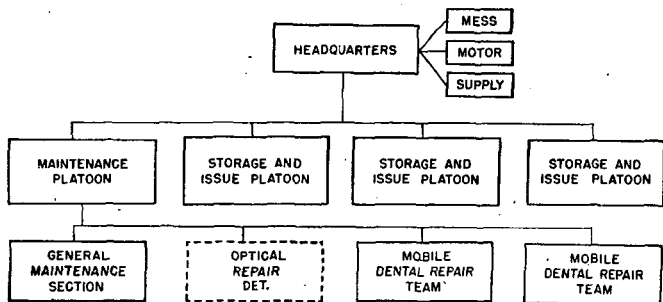


Figure 101. Organization of medical depot company, combat zone. (Optical repair facilities from T/O & E 8-500 may be attached as required.)

160. FUNCTIONS. a. General. (1) Performs third and fourth echelon maintenance of Medical Department equipment.

(2) Replaces and repairs dental prosthetic appliances and spectacles when T/O & E 8-500 optical repair teams are attached.

(3) Receives, stores, and issues Medical Department supplies for approximately 125,000 combat zone troops (army). The company may operate one large army medical supply depot in the army service area using all platoons of the company. Or, the headquarters, parts of the maintenance platoon, and one storage and issue

platoon may operate a base depot and the other two storage and issue platoons each operate a medical supply depot either as a forward auxiliary depot or an independent depot for a separate corps or task force.

b. Base depot. The base depot is located in the army service area, preferably in the vicinity of a railhead. It is desirable that both a road and railroad siding facilities be available. If practicable, in locating the depot after designation of a general location of the depot, the unit commander with his staff and certain key enlisted personnel proceed to the site and survey the accommodations. Decision is made as to the utilization of existing shelters, and arrangements are made with the army engineers for repairs, alterations, or any necessary new construction, including enlargement or installation of railroad siding facilities.

c. Auxiliary depots. Under certain conditions, a storage and issue platoon may establish an auxiliary depot to supplement the base depot. For example, auxiliary depots are established to facilitate deliveries to corps troops. The general location will be designated by the army surgeon. These auxiliary depots establish temporary installations, known as supply points, which follow movements of troops and installations supplied. They obtain supplies from the base depot. These supply points should be located well in advance of the base depot and in the general vicinity of the evacuation hospitals which are the principal consumers of medical supplies. In addition, a platoon may at times be detached to serve an independent corps or task force; in such a case, it acts as a separate medical supply depot, procuring supplies direct from a designated communications zone depot.

d. Supply activities. Depot supplies are requisitioned from the next higher medical supply echelon, usually a depot in the communications zone, by one of the following methods:

(1) Automatically, wherein a flow of supplies to the army depot based on average expenditures is initiated

by the depots of the higher echelons in an effort to keep the stock of the army depot at the prescribed level.

(2) By formal requisition, which must be approved by a higher echelon.

(3) In emergencies, by informal request, which must also receive the approval of a higher echelon.

(4) By drawing upon depot credits established by higher echelon. Requisitions against such credits require no individual approval. When credits are exhausted, they must be renewed or other means of supply substituted. The credit system is generally invoked by the higher echelons when there is a shortage of some item or items within the theater of operations, and assures an equitable distribution of the supply on hand.

e. Maintenance of stocks. (1) Army medical supply depots, according to the policy established by the chief surgeon, endeavor to maintain a stock calculated to supply the army units for a definite period of time. The level maintained will depend upon the type of operations and the many factors influencing the receipt and utilization of supplies. In addition, complete sets of equipment for attached medical units only are stocked; the army depot does not stock complete sets of organizational equipment for larger medical units.

(2) Auxiliary depots, when established, ordinarily maintain stock levels for a period of 3 days.

f. Stock record account. Ordinarily, one stock record account is maintained by the depot company, whether it is operating one, two, or three installations. The exception is that when an auxiliary depot is serving an independent corps or task force, procurement is made direct from a designated communications zone depot and a separate stock record account is kept. Under combat conditions, such records as informal hand receipts may become sufficient authority for relief from accountability.

g. Issue. All items issued by the depot are issued on the basis of previously established credits or of a requisition from an organization in the field army. The requisitions must be approved by the army surgeon. Each or-

ganization may be allotted a certain amount of supplies over a specified period of time (a credit) and the organization may obtain supplies up to the limit of the credit without approval of the army surgeon. The issue of medical supplies from the depot to the army units is accomplished by one of the following methods:

(1) At the depot, either directly to subordinate supply officers who bring their own transport, or by shipment by common carrier to the railheads of division and corps.

(2) By arranging with a communications zone depot and the regulating officer for a carload shipment destined for one establishment, such as an evacuation hospital, to be sent direct to a railhead adjacent to that establishment. On depot records, such shipments are handled as though they had actually passed through the depot.

(3) In emergencies, by delivering the supplies on transport of the medical depot company directly to the consuming agency.

h. Repair. Items damaged en route to the depot are transferred to the maintenance platoon for repair. Items damaged after issue are returned to the depot, usually on the transport of the subordinate medical supply officers, and transferred to the maintenance platoon for repair. All items received for repair are disposed of in one of the following ways:

(1) Repaired and returned to a storage and issue platoon.

(2) Repaired and returned to the supply officer requesting such repair.

(3) Reported to the depot office as nonsalvageable and being held for survey (if such formality is necessary).

(4) Returned to higher supply echelon for disposition.

i. Special. (1) *Headquarters.* (a) *The Commanding officer.* The commanding officer is responsible for the administration, operation, training, and discipline of the company and the operation of the army medical depot or depots. He is responsible to the army surgeon. Requisitions from army units usually pass through the army surgeon for approval before coming to the depot commander.

(b) *Executive officer.* This officer (also commanding officer of the maintenance platoon and an officer of the general maintenance section) is principal assistant of the commanding officer and acts for the commander in his absence. He makes decisions for which a policy has been established.

(c) *Adjutant.* An officer who acts as administrative assistant to the commanding officer. In this capacity, he performs routine administration and correspondence. In these duties, he is assisted by a sergeant major and a clerk.

(d) *Assistant Adjutant.* Normally a warrant officer (assistant adjutant) is charged with the supervision of the mess, motor, and supply sections. He may also be designated "detachment commander" for all enlisted men of the company, being charged with the discipline, administration, training and assignment of enlisted men of the company. He is assisted in these duties by sufficient enlisted personnel.

(e) *Mess.* This section, under the mess sergeant, is charged with the preparation and serving of food for personnel of the company. It usually has four cooks, one of which can be attached to each platoon when the platoons are operating separately.

(f) *Motor.* Under the motor sergeant, this section is charged with the operation and first and second echelon maintenance of all motor vehicles assigned to the company.

(g) *Supply.* Under the supply sergeant, this section is charged with the requisition, storage, and issue of all supplies used by the company. It is separate from the medical supply function of the entire company.

(2) *Maintenance platoon.* The maintenance platoon consists of a general maintenance section, an optical repair section, and two mobile dental prosthetic repair teams.

(a) *General maintenance section.* This section includes two officers experienced in maintenance of Medical Department equipment (the senior is also executive

officer), a master mechanic, carpenter, clerk, machinist, painter, canvas and electric equipment repairmen, welder, and other enlisted technicians experienced in the repair and maintenance of medical equipment (medical equipment maintenance technicians). This section carries out third and fourth echelon maintenance of medical equipment. Maintenance of Medical Department equipment is as follows:

1. First echelon maintenance by the individual using the piece of equipment. It consists of keeping the item clean, oiled if necessary, and other routine daily care to keep the piece of equipment in proper condition.
2. Second echelon maintenance by the unit (company, battalion, hospital, etc.) using the equipment. It is done by a technician with some experience with simple tools available. It consists of such procedures as replacing canvas on litters.
3. Third and fourth echelon maintenance by the medical depot company zone and maintenance teams from T/O & E 8-500. It is done by skilled mechanics and technicians using elaborate tools, instruments, and equipment. It consists of such procedures as the repair of a defective X-ray control unit. The maintenance platoon has many skilled individuals and elaborate equipment for the performance of third and fourth echelon maintenance of medical equipment.
4. Fifth echelon maintenance by the manufacturing concern, medical depots in the zone of the interior or by fifth echelon team type 3 (BL) T/O & E 8-500. It requires the most elaborate equipment including ability to manufacture parts. It consists of such procedures as the repair of an X-ray unit smashed in a truck accident.

(b) *Optical repair section.* Optical repair facilities from T/O & E 8-500 may be attached in the following proportions: 1 optical repair team, Type No. 1 (BF)

and 2 optical repair teams Type No. 2 (BG) per 150,000 combat zone troops.

1. *Optical repair shop.* This subsection uses a truck mounted optical repair shop. It is commanded by an officer optician who also supervises the activities of the mobile optical repair teams. The subsection is made up of a driver and a number of enlisted opticians. It is charged with the manufacture and repair of ordinary and gas mask type spectacles, including the grinding of lenses. It may move from place to place grinding lenses for new or broken spectacles or remain at the base depot sending the teams forward. The officer optician supervises the activities and checks on the lens prescriptions, which may be obtained from the soldier's service record. The unit surgeons and unit commanders should cooperate with the shop in obtaining glasses for those who need them.

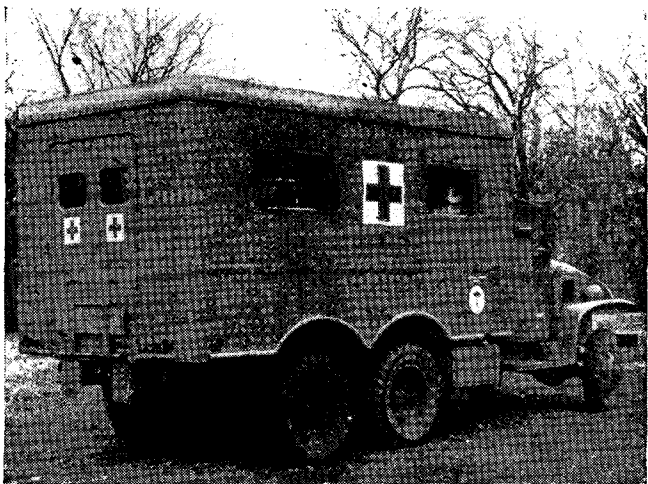


Figure 102. *Optical repair shop truck. (The standard 2½-ton truck body is used.)*

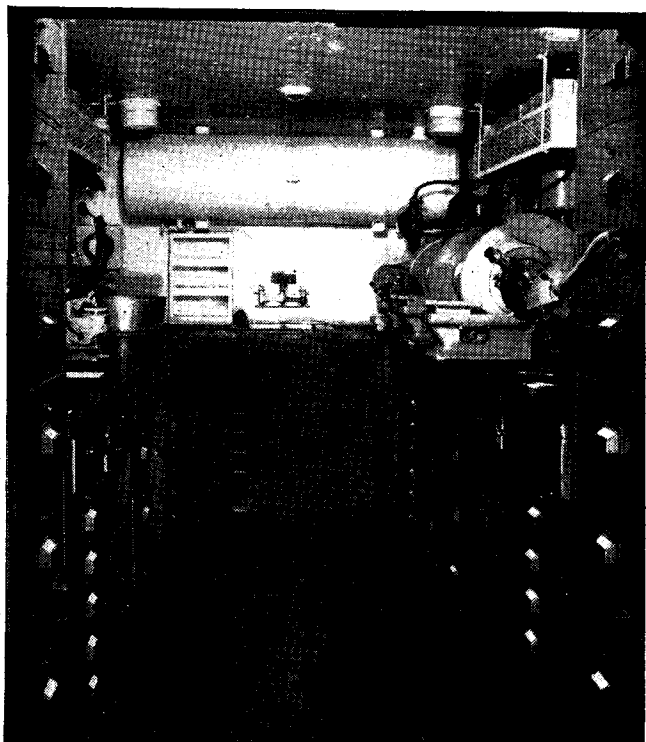


Figure 103. Interior of optical repair truck.

2. *Mobile optical repair teams.* These two identical teams, each consisting of two enlisted opticians are each equipped with a portable optical repair unit and a $\frac{1}{4}$ -ton truck. The team travels from place to place as needed to repair broken spectacles. The team is not equipped to grind lenses but receives its lenses from the optical repair shop. A team may be attached to a unit long enough to satisfy the needs of that unit and

then move on. It supplements the optical repair shop and increases its capacity and range.

(c) *Mobile dental prosthetic repair teams.* These two identical teams each consist of a dental officer and three dental technicians. Each team travels in its dental laboratory truck from unit to unit and manufactures dental prosthetics for personnel of the unit. No dental laboratory equipment is included in many units so that they must depend on these teams for all dental laboratory work. Unit dental officers should be informed of the time of visit of the mobile laboratory and refer to it all patients needing dental prosthetics.

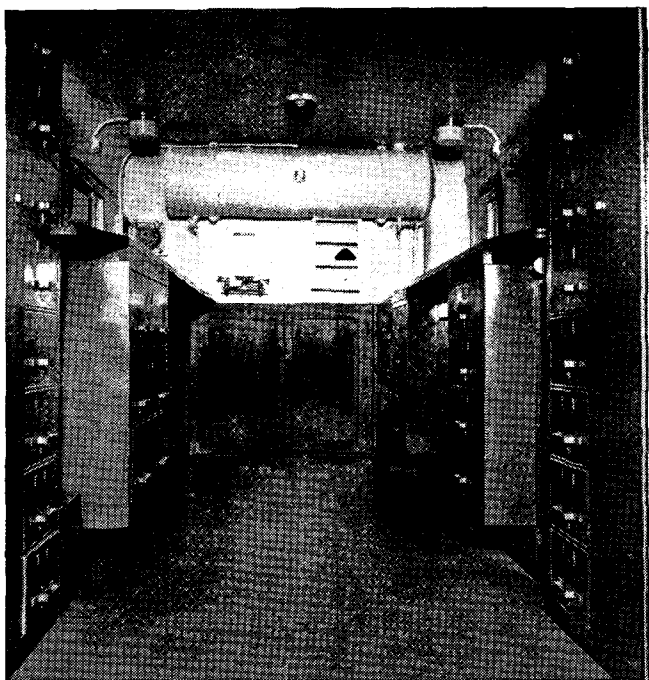


Figure 104. Dental laboratory truck—interior view. (The standard 2½-ton truck body is used.)

(3) *Storage and issue platoons.* There are three identical storage and issue platoons in the medical depot company. These platoons can be pooled to operate a single base depot or one may operate the base depot and the other two operate auxiliary depots for detached corps or be placed near forward troops or near an evacuation hospital, etc. Each platoon consists of two officers and a number of enlisted men. An officer assisted by a non-commissioned officer commands the platoon and performs medical supply administration; the other officer assisted by a noncommissioned officer supervises the warehouse or other storage facilities determining the classification and type of storage of different items. Other personnel include warehouse foremen, clerks, packing case makers, checkers, and repair men. These men check supplies as they are received, classify and store them in the appropriate place as determined by the warehouse officer, and prepare items for issue to organizations as listed in their requisitions. Organizations normally call for their supplies when notified by the medical depot that the supplies are ready.

161. INSTALLATION. **a. General.** Careful planning of warehouse installation is necessary if the medical supply depot is to function efficiently. The large quantities of medical supplies required for an army must be stored as to make their issue as expeditious as possible. Supplies may be stored in existing buildings, under tentage of the unit, or in the case of certain items, outside under paulins. Available space, physical characteristics, climatic conditions, transportation, location of stock with reference to transportation, and equipment to be handled should be considered.

b. Base depot. (1) *Warehouse.* In the ideal situation, the depot is established in permanent or semipermanent buildings. Two buildings, one a large warehouse type building and one smaller and adjacent, are desirable. For a suggested arrangement of the depot within the larger building, see figure 157. The mess, unit sup-



Figure 105. An army medical depot warehouse in the South Pacific.

ply, and transportation office are housed in the second or smaller building. It is also recommended that the headquarters be established here, since separation of the unit (detachment) headquarters from the depot office helps to distinguish between unit administration and depot administration.

(2) *Tentage.* Squad tents are provided by the T/E and when necessary may be utilized for the storage of supplies. Each tent is labeled with the Medical Department Supply Catalog number applicable to the class of supplies located therein; for example, Class I, II, or III, etc. A dry foundation and proper ventilation should be provided. Any available materials, such as duckboard, cordwood, logs, or stones, are utilized to their full advantage.

(3) *Paulins*. Certain supplies may be safely stored outside under paulins. The supplies are placed on a platform, the top and side covering lashed in position, and the stock properly labeled.

(4) *Auxiliary depots*. Although there is no conventional arrangement of an auxiliary depot, such parts of the base depot plan (fig. 157) as apply are suggested for the advanced depot. Existing shelter at the designated site is utilized when available. Canvas is used when necessary.

162. EQUIPMENT. Equipment does not include any medical supply items of issue. Equipment includes the following:

a. Field equipment issued any field organization including field range and tent fly.

b. Two maintenance tents, one for the general maintenance section and one for the optical repair shop.

c. Twelve squad tents and paulins for shelter of supplies.

d. Tables; typewriters; chairs; computing, duplicating, and numbering machines; and other office equipment.

e. Optical repair units, portable and truck mounted, for the manufacture and repair of spectacles, including the grinding of lenses. The optical repair shop, consisting of lenses, frames, grinding and optical repair equipment, is wholly contained in a specially constructed motor vehicle, the optical repair unit, mobile, large, and a trailer, 1-ton, 2-wheel cargo. In addition two optical repair units, portable, each wholly contained in two chests, MD, is furnished each optical repair team. These contain all the essential equipment, including lenses and frames, for the repair of the more commonly damaged and broken spectacles in the service areas. Additional lenses, frames, temples, nose pads, and other repair and replacement parts are kept in stock.

f. Two complete dental laboratories in special trucks. Equipment includes work benches, cabinets, lathe molds, folding dental chair, etc.

g. Sewing machine, X-ray repair apparatus, welding equipment, carpenter, mechanics, painters', machinists', canvas workers' tools, lathe, and other tools. Complete motor maintenance equipment.

h. Safe, refrigerators, MD Supply Catalogs, sign painting equipment, crowbars, pulleys, and other warehouse equipment.

163. TRANSPORTATION. Transportation is sufficient only for normal administration and cannot either move the company or routinely deliver medical supplies. It is furnished primarily for the following purposes:

a. Movement of unit supplies (rations, etc.).

b. Movement of medical supplies from the base depot to forward echelons (advanced auxiliary depots) and occasionally to other requisitioning agencies. (Usually the requisitioning agencies send their own transportation to the depot.)

c. Movement of medical equipment and supplies from communications zone depots to the army medical depot.

d. Transportation of depot personnel and teams, etc., as required in performance of their duties.

e. Transportation of personnel and equipment according to the demands of the tactical situation. Unit transportation must be supplemented by vehicles from the army motor pool when such movement is made. Transportation normally includes the following: two 2½-ton dental laboratory trucks, one 2½-ton mobile optical repair unit, eight 1-ton trailers, and several light and heavy trucks.

164. TRAINING. a. **Individual.** Besides basic training many technicians and noncommissioned officers must be trained in special technical fields. Many of these should have had prior experience in civilian life. Others can be trained "on the job," in special technicians schools,

or in technicians schools conducted by the company. On the job training at a medical depot in the zone of interior is valuable. Technicians include store keepers; file, shipping, stock, shop, and other clerks; medical equipment maintenance technicians; opticians; cooks, drivers; mechanics; machinist; painter; packer, checkers; canvas, electric, and utility repairmen; dental laboratory technicians; welder; and others.

b. Unit. When individual training has progressed far enough for the men to profit thereby, unit (team, platoon, department, section) training should be instituted. Members of the group should practice working together as a team. Subjects should include actual operation of the shop, department, team, etc.; tent pitching, convoy driving, etc. Company training should include establishment of medical supply depots, entrucking and detrucking, entraining and detraining.

c. Combined. Combined training should be arranged for during large-scale maneuvers.

165. ADMINISTRATION. a. Unit. The unit has internal administrative responsibilities comparable to those of a separate company. Morning reports and other appropriate records are submitted to army headquarters.

b. Depot. In addition the depot company is charged with the internal administration of the depot. Numerous records are maintained by personnel of the receiving, storage, and shipping sections. When supplies are received, tally-ins must be prepared and bills of lading, freight bills, and shipping tickets checked. The chief clerk and assistant chief clerk prepare "short lists"; over, short, and damaged reports; and Reports of Survey. The stock record account is maintained by the stock record clerk who also performs periodic inventories. Outgoing shipping tickets and tally-outs are prepared for all issues of supplies to lower echelons. (For detailed information concerning preparation and disposition of these records, see AR 35-6560.)

c. Local purchase and contracting. Local purchase and contracting of supplies is under control of the theater commander when the army medical supply depot is operating in a theater of operations. Local purchases are accomplished in accordance with instructions of the theater commander.

d. Supply. Class I supplies are drawn automatically from a designated supply point in the army service area. Other supplies are requisitioned from the nearest depot of the appropriate branch.

e. Care of sick and injured. Sick and injured personnel are treated at the nearest medical installation operating a dispensary, frequently an evacuation hospital.

CHAPTER 12

GENERAL DISPENSARIES

Section I. General

166. GENERAL. T/O & E 8-500 lists two general dispensaries, Type No. 1 (GA) capable of rendering outpatient treatment to an area or installation with a troop population of between 2,000 and 5,000; Type No. 2 (GB) capable of rendering outpatient treatment to an area or installation with a troop population of between 5,000 and 10,000. A general dispensary provides outpatient service for units or areas not provided with their own dispensary service and performs physical examinations as designated by higher authority. A general dispensary is a fixed installation of the communications zone functioning under the communications zone surgeon. It should be housed in permanent or temporary buildings. Allowance of tentage will not permit unhampered operations in the open. A large military population in a city frequently requires general dispensary facilities. The dispensary acts only as a dispensary and not as a hospital. Patients requiring hospitalization are transferred to the nearest hospital (station or general).

Section II. GENERAL DISPENSARY TYPE NO. 1 (GA)

167. ORGANIZATION. The general dispensary type No. 1 (GA) is composed of a headquarters and six professional sections. (See fig. 106.)

168. FUNCTIONS. **a. General.** See paragraph 166.

b. Special. (1) *Headquarters.* (a) The commanding officer, a Medical Corps officer, is responsible for the administration, training, discipline, and operation of the

dispensary under all situations. He assigns personnel and supervises activities of the different sections.

(b) An administrative assistant may be charged with the routine administration of the headquarters including incoming and outgoing reports, orders, correspondence, administration of enlisted men of the dispensary, and sick and wounded records. He also supervises operation of the motor vehicles assigned to the dispensary and acts as supply officer. There is no mess included in the dis-

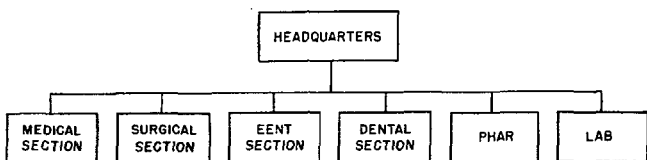


Figure 106. Organization of general dispensary type No. 1.

pensary. A mess team from T/O & E 8-500 may be attached. The administrative officer is assisted by a clerk-typist who may also be designated admitting clerk.

(2) *Medical section.* This section consists of two Medical Corps officers, one of whom is especially trained in internal medicine, and a number of enlisted technicians. It is charged with examination, diagnosis, and ambulant treatment of medical patients and the conduct of the medical portion of physical examinations. One of the officers of the medical section may be designated admitting officer, classifying patients and referring them to the proper section. Records of admissions are kept by the clerk. An officer of the section may also be charged with supervision of the pharmacy and laboratory.

(3) *Surgical section.* This section consists of a Medical Corps officer trained in surgery, and an enlisted technician. It is charged with the examination, diagnosis, and ambulant treatment of surgical patients and the conduct of the surgical portion of physical examinations. Dressings and some minor surgery may be done in the dispensary but major surgical cases must be referred to a

hospital. Venereal prophylaxis is a function of this section.

(4) *EENT section*. This section consists of a Medical Corps officer and an enlisted technician. It is charged with the examination, diagnosis, and ambulant treatment of EENT patients and the conduct of the EENT portion of physical examinations.

(5) *Dental section*. This section consists of a dental officer and enlisted technicians. This section is charged with examination, diagnosis, and treatment of dental patients and the dental portion of physical examinations.

(6) *Laboratory*. A laboratory technician, who may be supervised by an officer of one of the major sections (medical or surgical), is charged with carrying out simple laboratory procedures such as urinalysis, blood counts, and examination of smears, pus, and feces. More complicated laboratory procedures are referred to a medical laboratory.

(7) *Pharmacy*. A pharmacy is operated by a non-commissioned officer and a technician under supervision of an officer of one of the major sections. It is charged with the storage, preparation, and issue of drugs and prescriptions, and the keeping of prescription files and narcotic records.

169. EQUIPMENT. Equipment of the general dispensary includes that equipment issued any field organization (no mess equipment) plus a squad tent and a small wall tent, typewriter and one "Unit Equipment, General Dispensary, 9723005." This Medical Department equipment list includes the following:

a. Drugs and other expendable supplies to last an estimated 30 days.

b. Stethoscopes, sphygmomanometer; scale, MD Chest #2 and other medical equipment.

c. Instrument set, sterilizer, operating gowns, gloves and forceps, splints, syringes, prophylaxis set, and other surgical equipment.

d. Otoscope, ophthalmoscope, vision test set, atomizer, head light, and other EENT equipment.

e. Field laboratory chest containing microscope, centrifuge, haemocytometer, graduates, burner, test tubes, and other laboratory equipment.



Figure 107. A general dispensary in North Ireland.

f. Prescription balance, bottles, graduates, and other pharmacy equipment.

g. Dental Chest #60 for the dental officer including dental chair, drill, instruments, and cabinet and a Chest #61 and Chest #62 including dental laboratory equipment.

170. TRANSPORTATION. Motor transportation of the dispensary is sufficient only for routine administration of the unit and cannot move the equipment. There is an ambulance for local use and delivery of patients to a nearby hospital. Also included is a truck for supply and general use.

171. TRAINING. a. Individual. Besides basic training, a number of technicians must be trained in special technicians' schools, fixed hospitals to which the unit is attached for training purposes or in the unit's own technicians' schools. These include medical, surgical, laboratory, pharmacy, and administrative technicians.

b. Unit. When training has progressed far enough to profit thereby, individuals in each section should be given instruction and practice in working together utilizing T/E equipment.

c. Combined training. Combined training can be obtained "on the job."

172. ADMINISTRATION. a. Personnel. Unit headquarters submits morning reports and other personnel reports to the communications zone or local headquarters as directed. Shelter must be provided for the dispensary but not personnel.

b. Medical. The admitting office keeps a log of all patients admitted and their disposition. Records on individual cases are kept on company sick books and on either the Emergency Medical Tag (EMT) (WD AGO Form 8-26) or on out patient card (WD AGO Form 8-24) as directed by the theater surgeon. Patients are transferred to a hospital on an EMT. The Report Sheet (WD AGO Form 8-23) together with all EMT's are submitted monthly to the communications zone surgeon. The Statistical Report (WD AGO Form 8-122) is submitted to the communications zone surgeon as directed. Other reports are used and submitted as directed.

c. Supply. (1) Class I supplies are not drawn by the unit unless a mess team is attached.

(2) Medical and other supplies are drawn by the unit supply officer on the nearest depot of the branch concerned, subject to approval by communications zone or local headquarters.

d. Care of sick and injured. The medical dispensary acts as dispensary for its own personnel.

Section III. GENERAL DISPENSARY TYPE NO. 2 (GB)

173. ORGANIZATION. The general dispensary type No. 2 (GB) is composed of a headquarters, a medical service, a surgical service, a dental service, a pharmacy, and a laboratory. (See fig. 108.)

174. FUNCTIONS. a. General. See paragraph 166.

b. Special. Special functions of the services and section of the general dispensary type No. 2 are essentially the same as the special functions of the corresponding sections of the general dispensary type No. 1. There are normally 3 dental officers, 2 surgeons, 3 medical service officers, and 2 EENT section officers so that the capacity of the dispensary is larger.

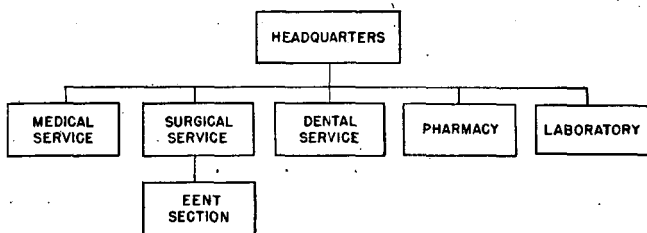


Figure 108. Organization of general dispensary type No. 2.

175. EQUIPMENT. Equipment is essentially the same as that for the general dispensary type No. 1 except that quantities are increased for the increased personnel and patients.

176. TRANSPORTATION. Motor transportation for the dispensary is sufficient only for routine administration of the unit and cannot move the unit. There is an ambulance for local use and delivery of patients to a nearby hospital. Also included are light trucks and trailers.

177. TRAINING AND ADMINISTRATION. Training and administration are essentially the same as for the general dispensary type No. 1.

CHAPTER 13

MEDICAL DEPARTMENT SERVICE ORGANIZATIONS

178. ORGANIZATION (see T/O & E 8-500). Medical Department service organizations are flexible in organization and size being tailor-made for the anticipated needs of a theater of operations. They are made up of a headquarters and a variable number of units or teams. They are designated as medical composite platoons, companies, battalions, Medical Department professional service units or other units, according to the size and component units or teams. (See fig. 109.)

Each unit or team has code letters (platoon headquarters separate—AB, motor ambulance section No. 3—CC, etc.). In naming the organization the code letters of all component units are listed after the name of the organization. Thus the first organization shown in figure 109 could be "32d Medical Composite Platoon (Separate) ABAHBDBFBJ." Size (platoon, company, battalion) is determined as follows:

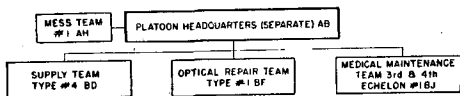
Platoon—2 or more teams, over 20 individuals.

Company—2 or more platoons, over 100 individuals.

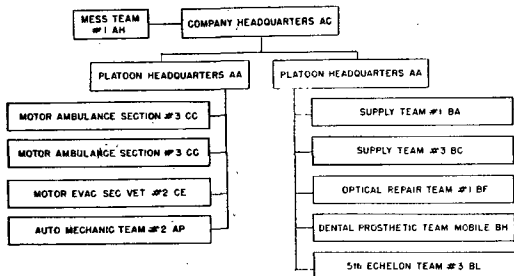
Battalion—3 or more companies.

179. FUNCTIONS. a. General. A Medical Department service organization is a reservoir of medical teams and units of various types designed to supplement and support other medical units in the theater of operations when needed. Units or teams are sent forward as needed either individually or in groups made up into platoons or companies under a headquarters and including a mess team, mechanic, etc. The size of the Medical Department service organization depends on the size of the theater of operations, the total number of troops in the

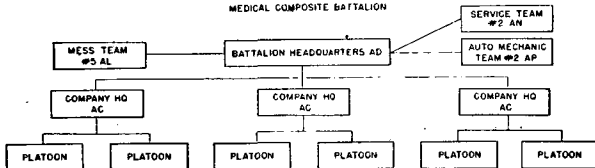
MEDICAL COMPOSITE PLATOON (SEPARATE)



MEDICAL COMPOSITE COMPANY



MEDICAL COMPOSITE BATTALION



MEDICAL DEPARTMENT PROFESSIONAL SERVICE UNIT

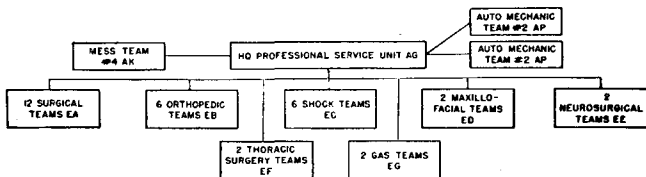


Figure 109. Types of Medical Department service organizations.

theater, and the relative need for medical service by organizations in the theater. Reference must be made to the pertinent T/O & E (8-500 series) for the latest organization of the various teams listed herein.

b. Special. (1) *Administrative teams and units.* The administrative (A) teams and units are designed to perform routine administration for groups of nonadministrative teams or units, or for groups of other medical units such as separate companies, hospitals, etc. These duties include command, administration, supply, mess, motor maintenance, etc. The size of administrative teams or units depends on the number and size of the nonadministrative teams or units functioning with them. The mess, service, and mechanic teams may also be attached to any medical organization to reenforce or provide messing service or repair facilities. Administrative teams are divided into two groups; headquarters teams and service teams. Headquarters teams furnish command and administrative duties except for mess and motor maintenance (but may include supply). The service teams provide mess and motor maintenance facilities and are graded according to size for attachment as needed.

(a) *Platoon headquarters (AA).* This team consists of an officer and a noncommissioned officer who, under a company headquarters, command and supervise the activities of two or more nonadministrative teams. The team does not carry out company administration, this being done by company headquarters. It is not designed to command a separate platoon. Equipment includes only individual equipment.

(b) *Platoon headquarters, separate (AB).* This team consists of an officer, a noncommissioned platoon leader, a motor noncommissioned officer, a clerk, and a driver. The team performs command and company administration for an independent platoon composed of two or more nonadministrative teams. Supply, mess, and motor maintenance are not provided for in this team. A mess team and mechanic team may be attached to perform these functions. Equipment includes field equipment (no mess equipment) issued any field organization, squad tent, chests, typewriter, chairs, and other items. Transportation includes a light truck.

(c) *Company headquarters (AC)*. This team consists of company commander and commissioned administrative assistant, a first sergeant, supply noncommissioned officer, motor noncommissioned officer, clerk, and truck driver. The team performs command and administration for two or more platoons including supply procurement, but not mess or motor maintenance. A mess team and mechanic may be attached for these functions. Equipment includes field equipment (no mess equipment) issued any field organization, squad tent, tables, chairs, typewriters, chests, and other items. Transportation includes a few light and heavy trucks and trailers.

(d) *Battalion headquarters (AD)*. This team performs command and administrative functions for three or more companies. Mess and mechanic teams must be attached to the battalion unless they are attached to the component companies. Battalion headquarters consists of the following:

1. The battalion commander is responsible for the command, administration, discipline, operation, and to some extent training of component companies of the battalion.
2. The executive officer is principal assistant of the commanding officer. He acts for the battalion commander in his absence and makes decisions on those matters for which a policy has been established.
3. The adjutant performs routine administration, including correspondence, orders, etc. He is assisted in these duties by the sergeant major and clerks.
4. Another officer may be designated personnel adjutant being charged with the keeping of service records, preparation of pay rolls, etc. He is assisted in these duties by a personnel noncommissioned officer. He may also be designated battalion supply officer. Assisted by a supply noncommissioned officer and clerks, he consolidates requisitions from the companies, calls for supplies

at the supply points, and distributes the supplies to the companies. He also may be designated motor officer. Assisted by a motor noncommissioned officer and an attached auto mechanic team, he is charged with second echelon maintenance of vehicles of the entire battalion.

Equipment for battalion headquarters includes field equipment issued any organization (no mess equipment), squad tents and a small wall tent, tables, typewriters, chairs, safe, and other items. Transportation includes a few light trucks.

(e) *Headquarters medical department concentration center.* See chapter 20.

(f) *Hospital center.* See section IV, chapter 17.

(g) *Headquarters professional service unit.* See chapter 18.

(h) *Mess team No. 1 (AH).* This team provides a mess section for a headquarters team or for any other medical unit when needed. It consists of a mess sergeant and three cooks and cooks' helpers. The team provides messing for 40 to 125 individuals. When the team is attached to a medical composite platoon, separate, the mess sergeant also acts as supply sergeant for the platoon. Equipment includes field equipment issued any field organization, kitchen tent, water heaters, field range, and other mess equipment.

(i) *Mess team No. 2 (AI).* This team provides a mess section for a headquarters team or for any other medical unit when needed. It normally consists of a mess sergeant and five cooks and cooks' helpers. The team provides messing for 126 to 175 individuals. Equipment is essentially the same as for mess team No. 1.

(j) *Mess team No. 3 (AJ).* This team is essentially the same as mess team No. 2 except that it is made up of eight men and can provide messing for 176 to 225 individuals.

(k) *Mess team No. 4 (AK).* This team is essentially the same as mess team No. 2 except that it is made up of nine men and can provide messing for 226 to 275 individuals.

(l) *Mess team No. 5 (AL)*. This team is essentially the same as mess team No. 2 except that it is made up of 12 men and can provide messing for 276 to 325 individuals.

(m) *Service team No. 1 (AM)*. This team consists of a blacksmith, a carpenter, a rigger, and a utility repairman. It may be attached to a medical composite organization or separately to any medical unit. It may be delegated to repair utilities, construct temporary buildings or apparatus, pack or repair equipment for such an organization as an evacuation hospital. Equipment includes blacksmith's and carpenter's tools.

(n) *Service team No. 2 (AN)*. This team is essentially the same as service team No. 1 except that there are six artisans instead of four.

(o) *Auto mechanic team No. 1 (AO)*. This team consists of one automobile mechanic. He may be attached to a medical composite unit or other medical unit to perform second echelon motor maintenance for 15 or less vehicles. Equipment includes a motor mechanic's tool set.

(p) *Auto mechanic team No. 2 (AP)*. This team is essentially the same as auto mechanic team No. 1 except that there are two mechanics capable of performing second echelon motor maintenance for 15 to 30 vehicles. The team is provided with a light truck.

(2) *Depot teams (B)*. (a) *General*. These teams may be used in any of the following ways:

1. To supplement medical base depot company (T/O & E 8-187) in establishment of a communications zone branch medical depot.
2. To supplement medical base depot company (T/O & E 8-187) in establishment of the medical section of a Quartermaster General depot of the communications zone.
3. One or more teams may establish a communications zone branch medical depot.

4. One or more teams may establish the medical section of a Quartermaster General depot of the communications zone.
5. Operate independently.

(See ch. 23.) Depot teams are of two types: supply or storage and issue teams, and medical maintenance teams.

(b) *Storage and issue teams.* These teams receive, stock and issue medical supplies both to army medical depots and to communications zone troops. They vary in size as follows:

<i>Name of team</i>	<i>No. of men in team</i>	<i>No. of troops served</i>
Supply Team No. 1 (BA)	10	up to 7,500
Supply Team No. 2 (BB)	15	7,500 to 15,000
Supply Team No. 3 (BC)	21	15,000 to 25,000
Supply Team No. 4 (BD)	24	25,000 to 50,000
Supply Team No. 5 (BE)	31	50,000 to 100,000

Teams are organized, equipped, and function essentially the same as the storage and issue platoon of the medical depot company combat zone.

(c) *Medical maintenance teams.* These teams provide higher echelons of medical maintenance, repair spectacles and manufacture dental prosthetics primarily (except for fifth echelon teams) for troops in the communications zone.

1. *Optical repair team No. 1 (BF).* This team is similar in organization, function, and equipment to the optical repair shop of the medical depot company combat zone except that it serves communications zone troops and may have its headquarters at a communications zone depot. It serves 50,000 troops.
2. *Optical repair team No. 2 (BG).* This team is similar in organization, function, and equipment to the mobile optical repair teams of the medical depot company combat zone and usually supplements the optical repair team No. 1. It can serve 20,000 troops.
3. *Dental prosthetic team mobile (BH).* This team is similar in organization, function, and equipment

to the mobile dental prosthetic repair teams of the medical depot company combat zone.

4. *Dental prosthetic team (fixed) (BI)*. This team operates a fixed dental laboratory which functions as a central dental laboratory for the communications zone. Patients are referred to it from units, dispensaries, and hospitals not having dental laboratory facilities. The team consists of two dental officers (prosthodontists) and a number of enlisted dental laboratory technicians. These men take impressions for, and manufacture prosthetics for individuals referred to the laboratory. The laboratory is housed in permanent or temporary buildings and is equipped with expendable items to last 6 months, portable balance, blowpipe and Bunsen burner, compressor unit, electric engineer and lather, casting machines, operating gowns, and many instruments and special equipment.
5. *Third and fourth echelon medical maintenance team No. 1 (BJ)*. This team performs third and fourth echelon medical maintenance for troops in the communications zone. (For definition of third and fourth echelon medical maintenance, see ch. 11.) The team is usually located at a medical depot. It consists of an officer, a non-commissioned officer, and a number of medical equipment maintenance technicians. It can perform third and fourth echelon medical maintenance for approximately 50,000 troops. It may be sheltered in permanent or temporary buildings or in a squad tent. It has little equipment, utilizing equipment of the depot to which attached. It has a truck to haul spare parts and its personnel to medical installations.
6. *Third and fourth echelon medical maintenance team No. 2 (BK)*. This team is essentially the same as team No. 1 except that it has a few more enlisted technicians and is capable of providing service for 100,000 troops.

7. *Fifth echelon medical maintenance team No. 3 (BL)*. This team provides the only fifth echelon medical maintenance in the theater of operations. It is usually located at the communications zone medical depot. (For description of fifth echelon medical maintenance, see ch. 11.) It supplements the medical base depot company in constituting part of a communications zone medical depot. The team consists of an officer, a noncommissioned officer, and a number of medical equipment maintenance technicians. It is equipped with pipefitting equipment, tinsmith equipment, general mechanic's tools, machinist's tools, painter's tools, welder's tools, second echelon (motor) maintenance tools, and a "Supplementary Tool Set No. 1" which contains equipment for performing medical maintenance of fifth echelon type.

(3) *Ambulance sections (C)*. These sections are of two types: motor ambulance sections (for human casualties) and motor evacuation sections, veterinary (for animal casualties).

(a) *Motor ambulance sections*. These sections may operate as a group of teams forming a separate ambulance platoon or company (under a headquarters team), may be used to reenforce separate ambulance companies or divisional or separate collecting companies, or may be attached individually to a hospital, dispensary, medical group, or medical battalion. Their functions depend on the type of assignment but they may be used to transport casualties almost anywhere in the theater of operations. There are three sections of different size as listed below.

<i>Name of section</i>	<i>No. of amb.</i>	<i>No. of men</i>
Motor Amb Sec No. 1 (CA)	3	8 (commanded by a non-commissioned officer)
Motor Amb Sec No. 2 (CB)	6	16 (commanded by an officer)
Motor Amb Sec No. 3 (CC)	10	26 (commanded by an officer)

Each ambulance is staffed with a driver and ambulance orderly and equipped with litters, blankets, and splints, and each man carries his own emergency treatment kit. Each section is provided with a 1/4-ton truck and driver for the section commander. The sections must be provided with second echelon motor maintenance either by the organization to which attached or by the attachment of an auto mechanic team. The section commander is in direct charge of the ambulances but is under command of the commanding officer of the unit to which the section is attached (company, hospital, etc.)

(b) *Motor evacuation sections, veterinary.* These sections are equipped with 6-ton combination animal and cargo trailers with tractors. Each semitrailer is capable of moving eight animals. These sections may be attached to a veterinary company, separate or veterinary troop to aid in evacuation of animals from unit aid stations to clearing or treatment stations; or they may be used to transport animals from veterinary evacuation hospitals to veterinary general hospitals, or veterinary convalescent hospitals in the communications zone, and/or between these hospitals or to or between veterinary station hospitals of the communications zone. These sections may also be used to transport animals fit for duty from a veterinary treatment station or hospital to a remount squadron or troop. Each ambulance has a crew of three men, a driver, an ambulance orderly, and a veterinary technician or noncommissioned officer. There are two sections of different size as listed below:

<i>Name of section</i>	<i>No. of amb.</i>	<i>No. of men</i>
Motor Evac Sec Vet No. 1 (CD)	1	3 (commanded by non-commissioned officer)
Motor Evac Sec Vet No. 2 (CE)	3	11 (commanded by officer)

Equipment includes individual veterinary kits and Chests MD 80 and 81 for each ambulance (veterinary dispensary and emergency treatment equipment and supplies).

(4) *Veterinary teams (D)*. (a) *Veterinary team No. 1 (DA)*. This team consists of a veterinary officer, three noncommissioned officers (one acts as first sergeant) and enlisted technicians including a clerk, horseshoer, laboratory technician, pharmacist, stable orderlies, veterinary technicians, and truck drivers. The team may be used to set up a treatment station or hospital and provide ambulance service for any organization or installation in the theater of operations. It has facilities to care for 30 animals. It may serve as a veterinary dispensary and hospital for a camp, station, or a pack animal base. It may be used to supplement other veterinary organizations such as a veterinary hospital or veterinary company, separate. It may be used to help provide collecting and treatment facilities for animals of an animal-drawn light division or other organization. The team sets up a treatment station or small hospital and is equipped to do simple laboratory work and surgery. It has a two-horse trailer to provide ambulance service. Equipment includes hose and pump, foot case (instruments for horses feet), veterinary general operating case (instruments), MD Chests 80 and 81, instruments and drugs, veterinary), restraint chest (harness, hobbles, halter, hood, etc.), gas casualty chests (veterinary), sterilizers, stove, operating coats, feed bags and horse brushes, etc., and a squad tent. Veterinary Dispensary Equipment (9734000) including Chest MD #4 (desk and typewriter) lantern set, Chests MD 80 and 81, pioneer chest (horse shoeing supplies), and small wall tent. Transportation includes one 2½-ton cargo truck and two-horse trailer van, and one light truck.

(b) *Veterinary team No. 2 (DB)*. This team is essentially the same as veterinary team No. 1 except that there are two veterinary officers, five noncommissioned officers, and more technicians. The team is capable of caring for 75 animals. Equipment is essentially the same as that for veterinary team No. 1 except that it is somewhat larger in quantity.

(c) *Veterinary section animal service (DC)*. This section performs first echelon veterinary service for any

organization having animals but no organic veterinary personnel; or it may supplement a regularly assigned veterinary unit in situations where casualties are excessive. A quartermaster pack company may have one of these sections attached. A section consists of one veterinary officer, a noncommissioned officer, a pack driver and truck driver, and two veterinary technicians. The team establishes a veterinary aid station for emergency treatment of animal casualties. If three or more sections are attached to the same organization, an additional veterinary officer (to act as "detachment" commander) and noncommissioned officer are authorized. Equipment for a veterinary section includes the following:

1. MD Chest 80 and 81 (veterinary drugs and instruments), if the section is moved by truck. Chest veterinary pack "A" and "B" if the section is moved by mule.
2. Gas casualty set, veterinary.

Transportation consists of one light truck if the unit travels by truck or three mules with packs if the unit is a pack unit.

(d) *Veterinary detachment food inspection (DD)*. This detachment consists of one veterinary officer, one noncommissioned officer, and three enlisted food and dairy inspector technicians. Its function is to inspect all meat and dairy supplies issued to or bought by any unit to which it is attached whether it is a hospital center, post, camp, station, concentration center, or other installation or organization. Equipment includes the following:

1. One Unit Equipment Veterinary Detachment Food Inspection (9733700). This equipment list includes knives and scissors, milk testing apparatus, egg candlers, meat and dairy inspection case (instruments such as meat trier, etc.), butcher's frocks, sediment testers, and medical books.
2. Field equipment issued any field organization.

(e) *Veterinary detachment aviation (T/O & E 8-487)*. Although this unit is not a part of T/O 8-500, its similarity in organization and functions to the veterinary detachment, food inspection (DD), makes its description here convenient. It consists of a veterinary officer, two noncommissioned officers (meat and dairy inspectors) and a clerk-typist. This detachment is assigned per air force (approximately 25,000 troops) in a theater of operations. For each additional 25,000 personnel or major fraction thereof a detachment may be augmented by one section. The section consists of a veterinary officer and two technicians (meat and dairy inspectors). The duties of this unit are the inspection of meat, meat food, and dairy products issued to an air force command or procured locally. The equipment of this unit includes a veterinary detachment food inspection medical equipment (operating knife, scissors, milk testing apparatus, butcher knife, egg candler, meat and dairy inspection case, butcher's frocks, sediment testers, and two textbooks).

- (5) *Professional service teams (E)*. See chapter 18.
- (6) *Malaria control unit (FA)*. See chapter 21.
- (7) *Malaria survey unit (FB)*. See chapter 21.
- (8) *General dispensary No. 1 (GA)*. See chapter 12.
- (9) *General dispensary No. 2 (GB)*. See chapter 12.
- (10) *Dispensary section (GC)*. This section consists of two medical officers, a dental officer, and a number of enlisted men. It may be attached to any organization or installation which is otherwise without a dispensary or hospital such as a medical or general depot. It provides temporary dispensary service and hospitalization for an area or installation with a troop population between 5,000 and 10,000.

A medical officer commands the section. When the section is operating separately, he acts as detachment commander, assisted by a noncommissioned officer who acts as first sergeant, and a clerk. A dental officer with enlisted assistant operates a dental department capable of filling or extracting teeth. A ward of 10 beds is operated under supervision of a medical officer for the

temporary care of patients (listed as "quarters" cases). Outpatients treatment and sick call are carried on by the two medical officers assisted by enlisted clerks and technicians. A small laboratory is operated capable of doing blood counts and urinalyses. A small pharmacy may be maintained. A motor ambulance is operated to bring in casualties or to take casualties to a station or general hospital. Transportation and equipment include the following:

- (a) A motor ambulance and a light truck.
- (b) Field equipment issued any field organization (no mess equipment).
- (c) Chest MD #60 (dental dispensary).
- (d) Squad tent for ward use.
- (e) Large wall tent for dispensary use.
- (f) Unit infirmary equipment, communications zone, 10 bed (97257) including the following:

1. Drugs, chemicals, and dressings, etc., to last an estimated 30 days.
2. Operating light, instruments, syringes, splints, and facilities for intravenous therapy and anesthesia, and other surgical equipment.
3. Prophylactic equipment.
4. Sphygmomanometer, stethoscope, and other medical equipment.
5. Folding beds, food cart, medicine cabinet, pajamas, linen, and other ward equipment.
6. Microscope, centrifuge, urinometer, and other laboratory equipment.
7. Typewriter, tables, chairs, and other office equipment.

Patient's records are kept on Emergency Medical Tags, Field Medical Records, or other designated forms. Statistical reports and sick and wounded records are periodically submitted to the next higher surgeon.

- (11) *General laboratory (HA)*. See chapter 19.
- (12) *Medical laboratory (HB)*. See chapter 10.
- (13) *Attached medical section (1A)*. This section consists of a medical officer, a dental officer, two non-

commissioned officers, and a number of enlisted technicians. The section may be attached to any separate battalion or organization of like strength that has no or insufficient medical personnel attached. In all cases it performs first echelon medical service and functions as any other medical detachment. (See medical detachments.) When thus functioning, it carries on administration like any detachment, with the medical officer acting as detachment commander and the senior non-commissioned officer acting as first sergeant. Transportation and equipment include one truck and trailer, field equipment issued any field organization (no mess equipment), one Chest MD No. 60 (dental dispensary), one Chest MD No. 4 (desk and typewriter), one gas casualty set (drugs, rubber gloves, and aprons), and regimental headquarters medical equipment consisting of—

- (a) One Chest MD #1 (dressings).
- (b) One Chest MD #2 (drugs and instruments).
- (c) Blankets, splints, and litters.
- (d) One command post tent.
- (e) Other miscellaneous equipment.

(14) *Sanitary platoon (JA)* (see ch. 21). The platoon may also be assigned to do other work as described for the Medical Sanitary Company.

(15) *Museum and medical arts service (KA)*. See chapter 24.

180. EQUIPMENT, TRANSPORTATION, ADMINISTRATION, and TRAINING. See paragraph 179.

CHAPTER 14

HOSPITAL TRAINS

181. GENERAL. Hospital trains are of two types, zone of interior (ZI) used only in continental United States, and communications zone (CZ) used in the theater of operations. Improvised trains are also used. (See FM 8-35.) The type described here is the communications zone (CZ) type.

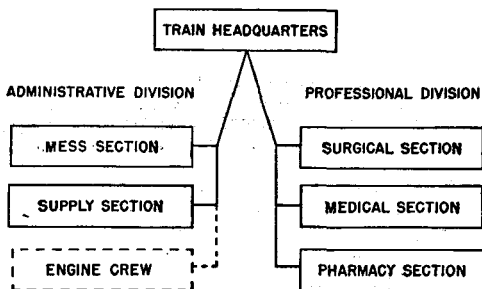


Figure 110. Functional organization of hospital train.

182. ORGANIZATION (see T/O & E 8-520). The hospital train personnel may be divided into headquarters, the professional division who care for patients on the ward cars, and the administrative division who carry out the administration, mess, utility, and other necessary functions. The same organization may be used to staff zone of interior hospital trains and improvised trains.

183. THE TRAIN. The hospital train normally has a capacity of 256 bed patients and usually consists of 16-ward cars, 1 utility car, 1 officer personnel car, 2 or-

derly cars, and 1 kitchen, dining and pharmacy car. (See fig. 112.)

a. Ward cars. Each ward car has eight double bunks with a capacity of 16-bed patients. In the center of the car are two seats on which ambulant patients and war personnel can sit. Also in the center of the car is a toilet, bed pan washer, sink, and medicine cabinet.



Figure 111. A hospital train being loaded in Italy.

b. Utility car. This car has two large electric generators, two large steam generators, storage lockers, showers, and other facilities.

c. Officer personnel car. This car is divided into two sections. At one end are two double bunks for four officers, at the other three double bunks for six nurses. Separate latrine and shower facilities are in the center.

d. Orderly cars. Each of these two cars contains bunks, latrines, and shower facilities for the Medical Department enlisted men.

Improvised trains of many types may be used but a similar organization of the train will exist. The engine is operated by personnel of the Transportation Corps under direction of the train commander.

184. FUNCTION. *a. General.* The hospital train evacuates casualties from evacuation to general hospitals;



Figure 113. Interior of ward car.

between general hospitals; and from general hospitals to the zone of interior or ports. Normally one train will be required for every division engaged. The train operates under theater control but under direction of the regulating officer.

b. Special. (1) *Train headquarters.* The headquarters is located in the officer personnel car at a desk for the purpose. It correlates the administrative and professional activities of the train, and prepares required reports concerning duty personnel and patients transported. It is the depository for all valuables and records (other than those attached to individual patients) of all patients transported. The personnel of headquarters, in an emergency, aid in the professional care and treatment of patients. The train is commanded by a Medical Corps officer who is responsible for the following duties:

(a) The administration, discipline, training, and operations of his unit in all situations.

(b) Prior to movement of the train to the installation being evacuated, he is responsible that all medical equipment necessary is aboard and in serviceable condition; that medical and other supplies are replenished in sufficient quantity to cover the contemplated time required for the complete trip (usually 3 days' supply is carried); for the desired arrangement of cars within the train; and that all duty personnel are trained and familiar with their particular duties.

(c) Upon arrival at the installation being evacuated, he is responsible for the supervision of the loading. He checks patients and their records, segregates cases by type in cars if desired, and rejects such cases as he deems unsuited for evacuation (contagious or otherwise). He checks and accepts patients' valuables and finally tenders receipts to an officer of the installation for such valuables and for such patients as have been accepted and loaded.

(d) From the moment that the patients have been loaded until they are unloaded at another installation, he is responsible for all care and treatment required during the interim. He supervises all activities of his unit and all administrative procedures pertaining either to duty personnel or patients.

(e) Maintains liaison with the office of the surgeon of the communications zone regarding supplies and personnel replacements or reinforcements.

(f) Maintains liaison with the medical regulator (acting for the regulating officer) and the theater surgeon, regarding source and destination of patients, and pertinent evacuation policies.

(g) Forwards to the proper source any requests for mechanical care, maintenance, or repair of the train submitted to him by the operating personnel of the transportation corps.

(h) At the destination of a loaded train, he is responsible for the supervision of the unloading of patients and for the obtaining of receipts from an officer of the receiving installation for all patients and patients' valuables transported by the train.

(i) At both the point of loading and unloading he supervises the operation of property exchange.

The train commander is assisted in these duties and responsibilities by a Medical Administrative Corps officer. Another administrative officer may be put in charge of the mess, and supply sections. A sergeant and a clerk assist in routine administration of the personnel and patients.

(2) *Administrative division.* (a) *Mess.* A noncommissioned officer and a number of cooks and assistant cooks operate the mess part of the kitchen, dining, and pharmacy car. The mess furnishes meals for the officers, nurses, enlisted men, and patients of the hospital train. Patients' meals are taken to the ward cars where they are served on individual trays. Train personnel eat in shifts in the dining car.

(b) *Supply.* This section is operated by an enlisted man under supervision of an officer. It is located in the utility car and is charged with the requisition, storage, and issue of all supplies, general and medical (except food) used on the hospital train. Patients' clothing or baggage is also stored in the utility car. (The train engine and machinery of the utility car are operated by the transportation corps and corps of engineers under direction of the train commander.)

(3) *Professional division.* This division, under supervision of a Medical Corps officer, consists of nurses and

a number of enlisted medical and surgical technicians. It is divided into two sections.

(a) *Surgical section.* This section cares for all surgical cases in transit. There is an enlisted technician (orderly) for every car and a nurse for every two to three cars. Each car has a litter and stand which can be set up in the center of the car and used as a dressing table. Dressings and emergency minor operations can be performed here but major surgery is not within the province of the train. There is no operating car or room. Patients should be placed so that their wounds are next to the aisle so that they can be watched and dressed more easily. Litter patients should be assigned to lower berths. A noncommissioned officer may be put in charge of the dressing facilities of the car containing the most seriously wounded patients.

(b) *Medical section.* This section cares for all medical cases in transit. There is an enlisted technician for every car and a nurse for every two to three cars. Patients with contagious diseases should be segregated in one car.

(c) *Pharmacy.* The pharmacy is operated by a technician. It is responsible for the storage and preparation of drugs and prescriptions and the keeping of prescription files and narcotic registers.

185. EQUIPMENT. Each of the ward cars is equipped with pajamas, sheets, pillows, blankets, compartmented trays, bed pans, a litter, medicine cabinet, catheters and a ward case containing hemostats, scalpels, etc. The kitchen, dining, and pharmacy car is equipped with kitchen equipment and pharmacy equipment, such as prescription balance, graduates, etc.

186. TRANSPORTATION. Consists only of the train cars. No motor vehicles are included.

187. TRAINING. a. *Individual.* Besides basic and technical training, ward personnel must receive training

in special technician schools, fixed hospitals to which the unit is attached for training purposes or the unit's own technicians school. This training should include medical and surgical nursing, and handling of different types of casualties. Also cooks, a pharmacist, and administrative technicians must be trained.

b. Unit. The personnel should be trained to function as an entity aboard a hospital train or a simulated train.

188. ADMINISTRATION. Administrative procedures of the hospital train will vary with the location and employment of the train but in general are as follows:

a. Personnel. Headquarters submits morning reports and other personnel reports to the communications zone commander. To obtain the proper amount of rations, a similar report of patients to be transported is also rendered.

b. Medical. The only medical records accompanying the patients are the field medical records (attached to the patients) and the tally sheet presented by the evacuation officer of the installation being evacuated to the train commander. During the movement, the professional division makes such entries in the field medical records as are applicable. The train headquarters acts as the custodian of the tally sheet and extracts therefrom for the train records the number and type patients transported. Aside from this sheet, which becomes the basis for reports to higher authority, no other medical records are initiated. At the destination the tally sheet is again utilized for checking purposes in turning the patients over to the receiving installation.

c. Supply. (1) Class I supplies are automatic, being drawn by the unit at a designated supply point on the railroad.

(2) Medical supplies are obtained from the communications zone medical depot by requisition, by drawing upon established credits, or by informal memorandum. Delivery of medical supplies is effected by rail or truck from the depot.

(3) Other supplies are obtained by requisition through the communications zone surgeon on the nearest depot of the branch concerned.

d. Care of sick and injured. The professional division of the hospital train provides dispensary service for personnel of the train.

CHAPTER 15

MEDICAL SHIP UNITS

Section I. GENERAL

189. GENERAL. There are three types of Army medical units assigned to ships.

a. Medical hospital ship platoon, separate. This unit is assigned to cargo or transport ships, with no special hospital facilities, other than that on any transport, to care for patients which may be evacuated on the ship as it returns to the port of embarkation.

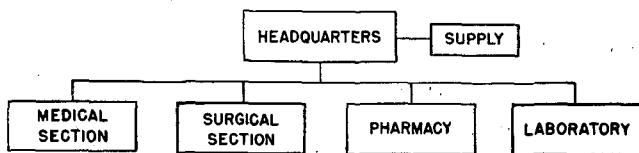


Figure 114. Functional organization of medical hospital ship platoon, separate.

b. Hospital ship complement. This unit is the medical complement of a hospital ship. A hospital ship is used only for medical purposes and is marked with the Geneva Cross. (See fig. 117.) It is unarmed and registered with friendly and enemy powers in accordance with provisions of the Hague Convention of 1907.

Section II. MEDICAL HOSPITAL SHIP PLATOON, SEPARATE

190. ORGANIZATION (see T/O & E 8-534). There are separate organizations for 25-, 50-, 75-, 100-, 250-,

and 500-bed units. The strength varies from approximately one officer and four enlisted men in the 25-bed unit to six officers and 45 enlisted men in the 500-bed unit.

The platoon functions as the headquarters, a supply section and a number of professional sections. (See fig. 114.) In the smaller platoons one or more sections will be operated by the same men. Provisional medical ship

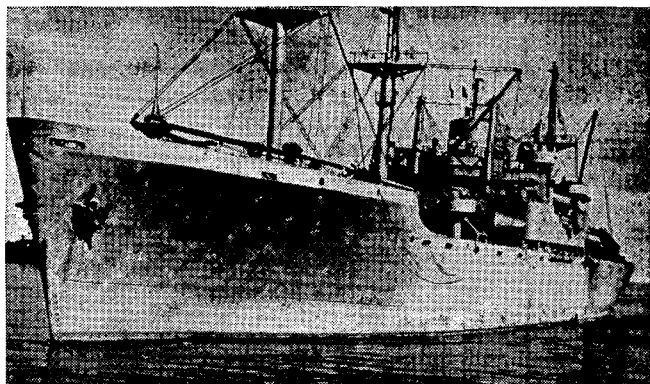


Figure 115. A typical cargo ship.

platoons may be organized by a theater of operations from rotational or other medical personnel returning to the zone of the interior. Upon arriving at the zone of the interior, the units are disbanded and comply with competent orders covering reorganization, leave, or furlough.

191. FUNCTION. a. General. The medical hospital ship platoon, separate, provides medical care for patients being evacuated on cargo or transport ships on their return trip. One or more platoons may be assigned to a ship according to the number of patients being evacuated.

The ships have no special hospital equipment and their primary use is not medical. The patients are evacuated from the communications zone to the zone of the interior. The platoon is not a permanent complement of the ship but supplements as necessary the permanently assigned medical personnel of the transport.

b. Special. (1) *Headquarters.* The platoon commander is a medical officer. In the smaller platoons he is the only officer in the unit, so also must carry out both professional and administrative work. In the large platoons there are other officers to do professional and help with administrative work. Duties of headquarters are the handling of platoon administration and medical reports and the supervision of the entire platoon.

(2) *Supply section.* The platoon commander in the smaller platoon and a commissioned assistant and enlisted clerk in the larger platoons, are charged with the requisition, storage, and issue of all supplies used by the platoon.

(3) *Professional sections.* (a) *Medical section.* This section cares for all medical cases being evacuated. It is supervised by a Medical Corps officer who, in the smaller platoons, may also supervise other sections or even be the platoon commander. Enlisted technicians act as nurses and ward orderlies. In some cases, nurses may be attached but are not listed in the T/O.

(b) *Surgical section.* This section cares for all surgical cases being evacuated. It is supervised by a Medical Corps officer who in smaller platoons may also supervise other sections or even be the platoon commander. A dental officer may be assigned to this section in the large platoons to care for dental and maxillo-facial cases and other duties as the platoon commander may direct. Enlisted technicians act as nurses and ward orderlies. In some cases, nurses may be attached but are not listed in the T/O. Dressings and minor and major surgery may be done but major surgery is not contemplated except in emergency.

(c) *Pharmacy.* In all except the smaller platoons a pharmacist technician is provided who, under supervision of an officer appointed by the platoon commander, is charged with the storage and preparation of drugs and prescriptions and the keeping of appropriate records.

(d) *Laboratory.* In all except the 25-bed platoon a laboratory technician is provided who, under supervision of an officer appointed by the platoon commander, is charged with the performance of simple laboratory procedures, such as blood counts, urinalyses, etc.

192. EQUIPMENT. Special equipment includes "Transport Ship Medical Equipment, 9N809" and in the large platoons one or more "Transport Ship Medical Maintenance Unit, 9N809-10." The latter is issued on the basis of one unit per 100 patients and consists of items such as expendable supplies, pajamas, and supplementary items needed to expand the unit for more patients. The former contain the basic items needed to operate a small hospital. Items include the following:

a. A basic and a GU surgical instrument set for major surgery, folding operating table, operating light, autoclave, caps, gowns, masks, electric suction apparatus, facilities for giving infusions and transfusions, plaster materials, oxygen inhalator, and other surgical equipment.

b. Instrument cabinet, pajamas, serving trays, bedpans, bedpan sterilizer, hot plates, restraint apparatus, and other ward equipment.

c. Prescription scale, centrifuge, mortar and pestle, microscope, and other laboratory and pharmacy equipment.

d. Typewriter and other office equipment.

193. TRANSPORTATION. The unit has no motor transportation.

194. TRAINING. a. Individual. Besides basic and technical training, several technicians will have to be trained in special technician schools, in fixed hospitals to which the unit is assigned for training, or in the unit's own technician schools. These will include medical and surgical technicians, pharmacists, laboratory technicians, and clerks. Nursing must be stressed.

b. Unit. When individual training is far enough advanced the entire platoon should be trained to work as an entity aboard a ship or simulated ship.

195. ADMINISTRATION. a. Personnel. Morning reports and other reports are submitted as directed.

b. Medical. The Emergency Medical Tag (EMT) (WD AGO Form 8-26) and the Field Medical Record (FMR) (WD AGO Forms 8-27 and 8-28) are kept attached to every patient. The Report Sheet (WD AGO Form 8-23) together with the EMT and FMRs of patients dying or returning to duty are submitted monthly to the next higher surgeon. The Statistical Report (WD AGO Form 8-122) is submitted to the next higher surgeon as directed. A list of all patients compiled by the hospitals from which the patients were evacuated is kept, and a copy given the theater surgeon, port surgeon, and receiving hospital as directed. Other reports are submitted as directed. Forms used in the internal function of the unit are as directed by the commanding officer.

c. Supply. (1) Class I supplies are not drawn by the unit.

(2) Medical and other supplies are drawn by the unit supply officer before sailing, by requisition on theater depot or port depot.

d. Care of sick and injured. The platoon operates its own dispensary for personnel of the unit.

Section III. HOSPITAL SHIP COMPLEMENT

196. ORGANIZATION (see T/O & E 8-537). The Table of Organization lists separate tables for 200-, 300-,

400-, 500-, 600-, 700-, 800-, 900-, and 1,000-bed hospital ships. The organization and internal functions of this unit and variations in size are similar to those of a station hospital. (See sec. II, ch. 17.) For purposes of description the 500-bed complement will be used. (See

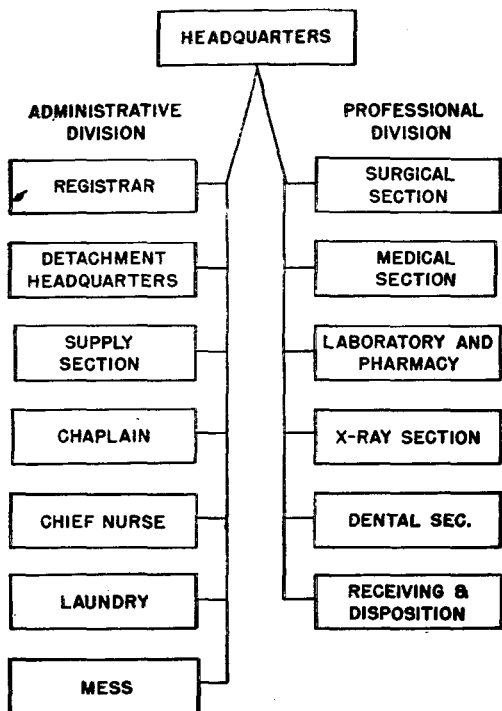


Figure 116. Functional organization of hospital ship complement.

fig. 116.) The hospital ship complement is divided into a headquarters, a group of administrative sections, and a group of professional sections.

197. FUNCTION. a. General. This unit is the permanent medical staff of a hospital ship. It may act as

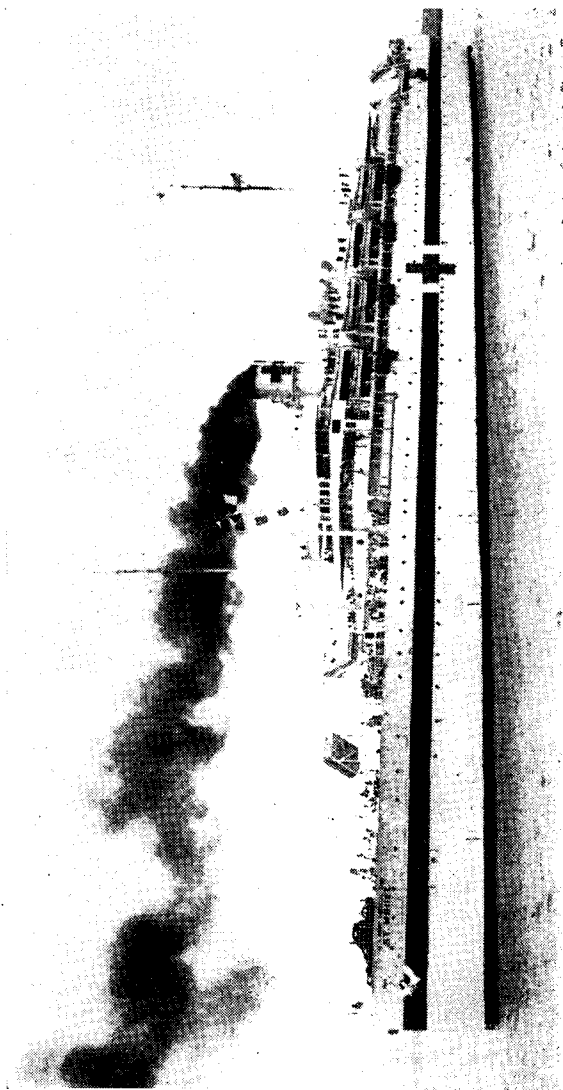


Figure 117. A hospital ship.

a hospital, providing definitive treatment during early stages of landing operations. It also acts as an ambulance ship transporting patients from the theater of operation to the zone of the interior.

b. Special. (1) *Headquarters.* (a) The commanding officer is responsible for the administration, discipline, training, and operation of the hospital complement. He assigns personnel and perfects a standard operative procedure.

(b) *Executive officer.* This officer (may also be chief of a major section), is the principal assistant of the commanding officer. He supervises the staff, makes decisions on which a policy has been established, and acts for the commanding officer in his absence.

(c) *The adjutant.* This officer performs routine correspondence of headquarters, including incoming and outgoing orders, acts on officer personnel matters, and performs other duties as assigned by the commanding officer. In the larger complements, he has a commissioned assistant who may head a personnel section.

(2) *Administrative division.* (a) *Registrar.* This section, headed by an officer (registrar), assisted by a warrant officer is responsible for medical reports and returns including sick and wounded reports, acts as headquarters for the detachment of patients if established, and cares for patients' valuables and service records.

(b) *Detachment headquarters.* This section, commanded by an officer designated by the hospital commander and assisted by the first sergeant, performs personnel work if there is no personnel section, and is responsible for the administration, supply, and assignment of the enlisted men of the complement.

(c) *Supply section.* This section, headed by an officer, is charged with the requisition, storage, and issue of all supplies (except food) used by the complement, including medical supplies. This section is directly operated by a noncommissioned officer and may be divided into two subsections, general and medical.

(d) *Chaplain.* One or two chaplains (according to the size of the complement) are assigned. For their duties, see TM 16-205.

(e) *Chief nurse.* A chief nurse is responsible for the assignment of nurses to the various sections according to the need, the administration of the nurses, and supervision of nursing care on the wards and nursing technique in the operating room.

(f) *Laundry.* A laundry is operated by a technician under the supply officer. The laundry serves both per-

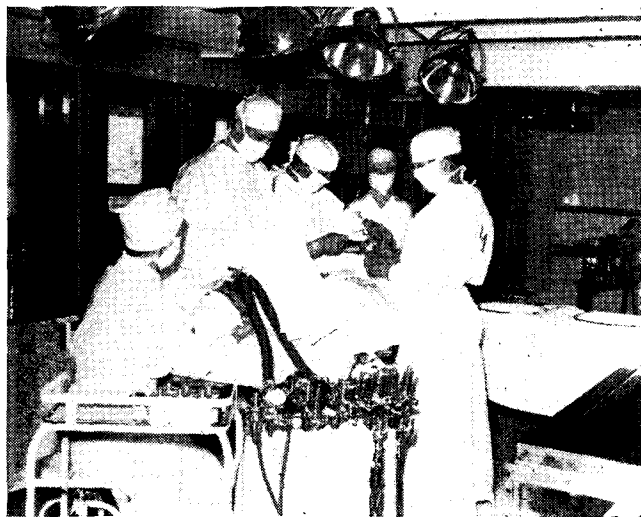


Figure 118. Operating room of hospital ship.

sonnel of the complement and patients, including linen. It may be operated under direction of the supply officer.

(g) *Mess.* This section under direction of a commissioned female dietitian provides special diets for patients and provides mess for men on night duty. It operates with mess personnel of the ship's crew and uses their equipment. Regular meals of the complement personnel are prepared by the ship's crew.

(3) *Professional division.* (a) *Surgical section.* This section is headed by a Medical Corps officer trained in surgery. A number of medical officers, nurses, and enlisted technicians complete the section. In the large complements, an EENT specialist is included. This section performs all surgical procedures, preoperative and post operative care, shock treatment, and nursing and administrative procedures on the surgical wards. The chief of the service may also be executive officer.

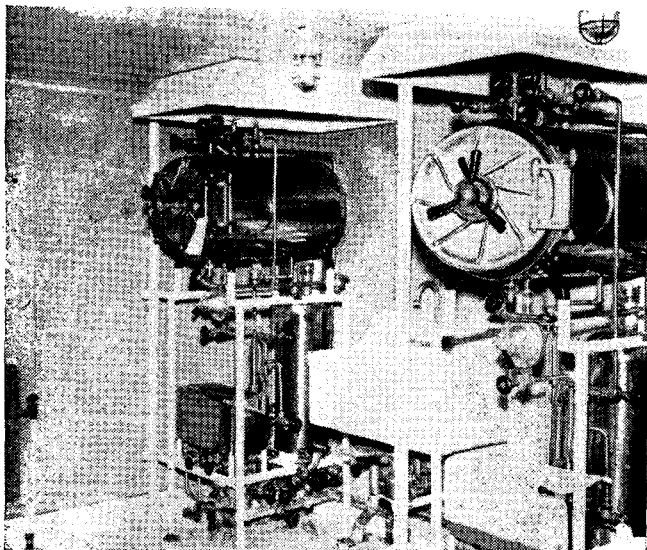


Figure 119. Sterilizing facilities aboard a hospital ship.

(b) *Medical section.* This section is headed by a Medical Corps officer trained in general medicine. A number of other medical officers, nurses, and enlisted technicians complete the section. It cares for all medical cases on the hospital ship including contagious cases. It performs treatment, nursing, and administration on all medical wards. (See fig. 120.)

(c) *Laboratory and pharmacy.* In the larger complements a medical (laboratory) officer is in direct charge of this section. In the smaller ones it is supervised by a medical officer in addition to his other duties. The section is divided into two subsections:

1. *Laboratory.* This subsection (usually including a technical sergeant) carries out blood counts, urinalyses, serological, and other tests, examination of smears, pus, and feces, and performs autopsies.

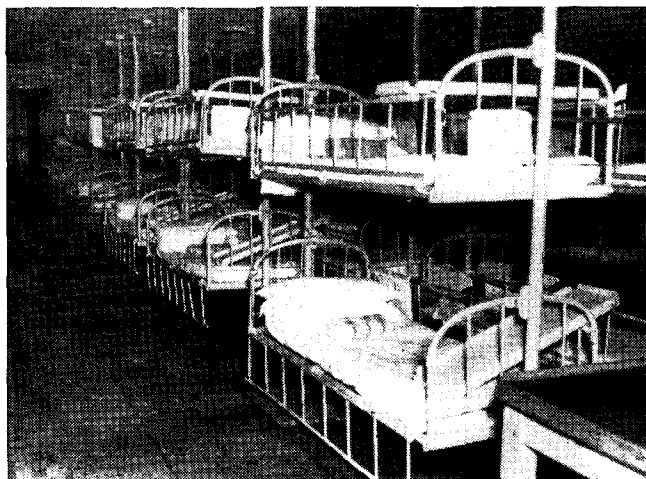


Figure 120. Ward of a hospital ship.

2. *Pharmacy.* This subsection usually operated by a technical sergeant is responsible for storage, preparation, and issue of drugs and prescriptions, and the keeping of appropriate records.

(d) *X-ray section.* In the larger complements, a medical (X-ray) officer is in direct charge of this section. In the smaller ones, it is supervised by a medical officer in addition to his other duties. This section is

charged with the taking of X-rays, fluoroscopy, foreign body location, interpretation of the films, and the keeping of appropriate records. (See fig. 121.)

(e) *Dental section.* This section is headed by a dental officer. It is charged with carrying out dental pro-

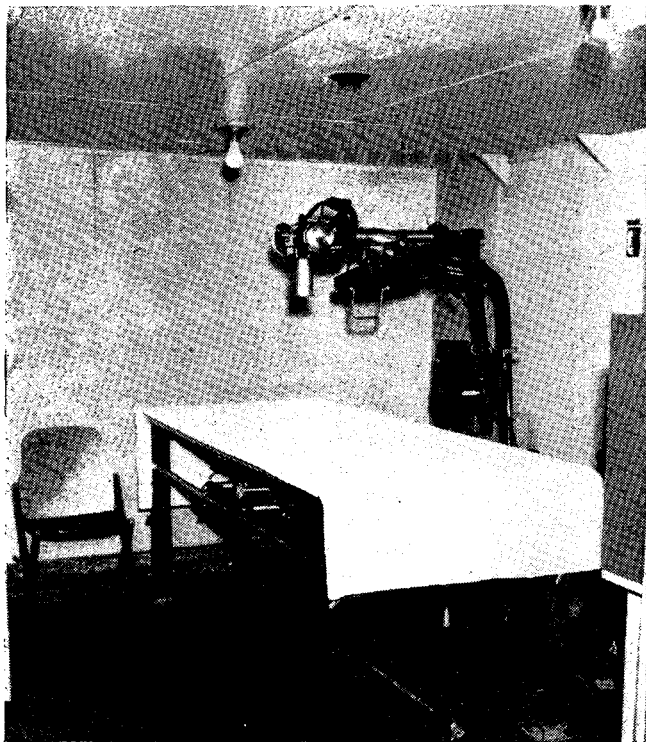


Figure 121. X-ray equipment aboard a hospital ship.

cedures including the dental laboratory, and the treatment and care of certain face wounds and fractures.

(f) *Receiving and disposition section.* This section, under supervision of a medical officer designated by

the complement commander, is charged with the following duties:

1. Examination, sorting, and classification of all incoming patients and their delivery to the proper ward.
2. Bathing and disinfection of patients if indicated.
3. Collection of patients' clothing and property and issuing of hospital ship clothing.
4. Initiation of proper field medical records if not already initiated.

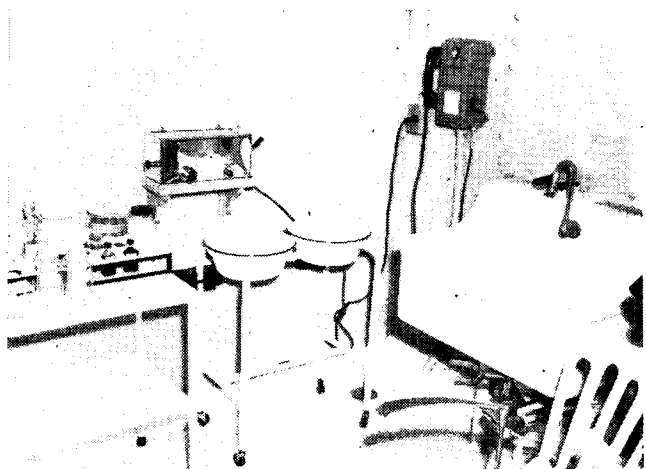


Figure 122. Dispensary of a hospital ship.

5. Recording of all admissions on a station log and checking of tally sheets of evacuation hospitals.
6. Property exchange on admission and discharge.
7. On debarkation, the checking of tally sheets, collection of ship clothing, issue of patients clothing and property, and actual transfer of patients.
8. Acting as dispensary for complement personnel.

198. EQUIPMENT. According to the size of the complement, medical equipment includes one unit equipment for 200-bed, 500-bed or 1,000-bed hospital ship complement (Equipment Lists 97239-05, 97239-10 97239-15) and from 0 to 4 Hospital Expansion Units 100-bed (97239-20). Equipment includes—

a. Surgical equipment including instruments for all types of major surgery, operating tables, lamps, autoclaves, facilities for inhalation, intravenous, spinal and local anesthesia, skeletal traction, gowns, masks, and facilities for preparing and giving infusions and transfusions.

b. Centrifuge, microscope, incubator, refrigerator, and facilities for doing blood chemistry, serology, and autopsies.

c. Prescription balance, mortar and pestle, graduates, and other pharmacy equipment.

d. Complete X-ray equipment for general and dental X-rays, fluoroscopy, foreign body location, and film developing and viewing.

e. Complete dental equipment including laboratory equipment.

f. Pajamas, linens, food trays, hot plates, ward cases, bed cradles, medicine cabinets, and other ward equipment.

g. Typewriters, safe, tables and other office equipment.

h. Washing machines and other laundry equipment.

i. A small medical library.

j. Expendable items (drugs, dressings, etc.).

199. TRANSPORTATION. No motor vehicles are included in the equipment of the organization.

200. TRAINING. Since this unit is so organized and equipped to provide more definitive treatment than any other type of ship carrying patients, more emphasis on care and use of surgical equipment must be given. La-

boratory and dental technicians must have training of wider scope.

201. ADMINISTRATION. Personnel and medical administration is the same as that of the medical hospital ship platoon, separate.

a. Supply. (1) Class I supplies are drawn at a designated supply point at the port by the supply officer prior to sailing.

(2) Medical and other supplies are drawn by the unit supply officer before sailing by requisition on the theater depot or port depot.

b. Care of sick and injured. The receiving and evacuation office acts as dispensary for personnel of the unit.

CHAPTER 16

MEDICAL AIR EVACUATION SQUADRON

202. GENERAL. a. The medical air evacuation squadron is an organization assigned to one of several commands of the Army Air Forces for the purpose of furnishing Medical Department personnel to troop carrier and air transport units utilized in the evacuation of sick and wounded. In addition, evacuation flights of the medical air evacuation squadron may be assigned or attached to component parts of Air Transport Command wings and to troop carrier squadrons.

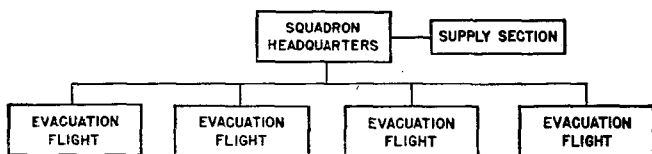


Figure 123. Medical air evacuation squadron.

b. Commands to which the medical air evacuation squadron may be assigned are as follows:

- (1) Direct to the Air Transport Command.
- (2) Direct to the Troop Carrier Command.
- (3) Direct to an air force.
- (4) To an Air Transport Command division.
- (5) To the Air support command of an air force.
- (6) To the troop carrier wing of an air force.
- (7) To a troop carrier group.

203. ORGANIZATION. (See T/O 8-447 and fig. 123.) The unit consists of a squadron headquarters and four evacuation flights.

a. Squadron headquarters. The squadron headquarters is composed of two sections: headquarters section and supply section.

(1) *Headquarters section.* The headquarters section is composed of one flight surgeon who is the squadron commander; a chief nurse; and sufficient enlisted men to perform the functions of the section. The headquarters may be divided into three subsections: administrative unit, mess unit, and transportation unit.

(a) *Administrative subsection.* The administrative unit is composed of the squadron commander; chief nurse; a chief clerk who is a medical noncommissioned officer and also the special service representative; an administrative noncommissioned officer; and enlisted clerks and orderlies.

(b) *Mess subsection.* The mess unit is composed of a mess sergeant; cooks and cook's helpers.

(c) *Transportation subsection.* The transportation unit is composed of a noncommissioned officer, motor transportation noncommissioned officer, automobile mechanic, and drivers for the motor vehicles of the headquarters section.

(2) *Supply section.* The supply section is composed of a Medical Administrative Corps officer who is also the statistical and public relations officer; one medical supply sergeant; administrative and technical clerks; and truck drivers to operate the trucks of the supply section.

b. Evacuation flight. The four evacuation flights of the unit are identical. Each is normally composed of one Medical Corps officer, six nurses, and eight enlisted men. The flight consists of a classification section and six air evacuation teams.

(1) The classification section is usually composed of a flight surgeon; a clerk, and a supply noncommissioned officer.

(2) Each air evacuation team is usually composed of one nurse and a medical technician.

204. FUNCTIONS. The chief function of the medical air evacuation squadron is to furnish Medical Department personnel to troop carrier and air transport units utilized in the evacuation of sick and wounded so as to provide medical care, nursing, and treatment of casualties during flight. The squadron maintains liaison with evacuation hospitals, field hospitals, general hospitals, embarkation points, etc., located accessible to airfields. It usually evacuates patients from evacuation or field



Figure 124. Loading a transport airplane with wounded in New Guinea.

hospitals to numbered general hospitals and from numbered general hospitals to the zone of the interior.

a. Squadron headquarters. The squadron headquarters accomplishes administrative and supply functions for the squadron.

(1) *Headquarters section.* The headquarters section accomplishes the necessary command and administrative

functions for the squadron, including messing and motor maintenance.

(a) *Command.* The flight surgeon of the squadron headquarters, as the senior officer of the Medical Corps assigned to the squadron, is the squadron commander. He is directly responsible to the commander of the unit to which the medical air evacuation squadron is attached or assigned.

(b) Within a theater, base, or defense command, the headquarters section of the medical squadron is responsible for formulating plans for air evacuation of military personnel based on casualty estimates, and on information obtained by liaison and coordination with medical installations of the theater, base, or defense command, and by liaison with various medical and command headquarters in the theater, base, or defense command. The squadron commander is responsible to the surgeon and commander of the unit to which the medical air evacuation squadron is attached for making recommendations for the employment of all, or any part, of the medical squadron. The decision for the utilization of the squadron within a theater, base, or defense command, will be that of the air force commander or the representative he may designate. This representative may be the senior theater air force surgeon, air support commander, the troop carrier wing commander, or a troop carrier group commander.

(c) The decision for the utilization of the squadron that has been assigned to the Air Transport Command will be that of the Air Transport Command division, commander of the division to which the medical air evacuations squadron is attached. In all cases it is the responsibility of the medical air evacuation squadron commander to formulate plans for the utilization of the squadron and make specific recommendations for its employment in order that air evacuation may be employed to its full capabilities.

(d) The headquarters section compiles detailed records and reports concerning casualties evacuated by air by the unit or units to which the squadron is assigned or attached.

(e) The headquarters section accomplishes all the necessary routine administration for the squadron.

(f) The headquarters section provides messing facilities for the squadron. When evacuation flights operate separately, cooks and cooks' helpers may be detached with the evacuation flight in order to provide messing assistance to the unit to which the evacuation flight is attached.

(g) The headquarters section provides second echelon motor maintenance for the squadron. When evacuation flights are detached, certain personnel of the transportation unit will be detached with the flight, if motor transportation also is assigned to the flight.

(2) *Supply section.* The supply section procures, stores, and distributes supplies for the unit and maintains all the necessary supply records therefor.

b. Evacuation flight. (1) The evacuation flight is composed of one classification section and six air evacuation teams. Evacuation flights furnish the personnel for classifying patients for air evacuation and for the care and treatment of patients during flight.

(a) The evacuation flight may be readily detached for operation at localities entirely separate from that of the headquarters of the medical squadron.

(b) Operating with an air force within a theater, base, or defense command, one or more evacuation flights should be attached to each troop carrier squadron of the air force so as to be readily available for service aboard troop carrier airplanes wherever and whenever air evacuation is required.

(c) When operating with the Air Transport Command, one evacuation flight should be stationed at each terminus of the Air Transport Command wing to which the medical air evacuation squadron is assigned, or otherwise distributed as the situation may require. At least one evacuation flight should be stationed at the headquarters of the Air Transport Command wing.

(d) The evacuation flights lend great flexibility to air evacuation medical service. Four evacuation flights are present in each medical air evacuation squadron in order

to provide four complete units immediately available and trained for air evacuation.

(2) The classification section contains a flight surgeon, who commands the flight and who is responsible for the classification of patients for air evacuation. His



Figure 125. Loading an ambulance airplane. The loading is supervised by the nurse. (Picture taken in Algiers, North Africa.)

two assistants, corporals, perform respectively the duties of obtaining and preparing the necessary casualty records and reports, and accomplishing medical supply exchange of such items as litters, blankets, and splints at the place from which casualties are received for evacua-

tion to the rear. Whenever necessary during air evacuation missions, the flight surgeon will accompany the flight to render professional service and advice.



Figure 126. Interior of loaded C-47 transport plane showing medical team. (Note strap method of supporting litters.)

(3) *Air evacuation teams.* There are six evacuation teams in each evacuation flight. The nurse and medical technician who compose each team are both especially trained in air evacuation medical service.

(a) Normally, one air evacuation team provides medical service during flight aboard one transport airplane. This permits the air evacuation teams of the air evacuation flight to provide medical service aboard six airplanes.

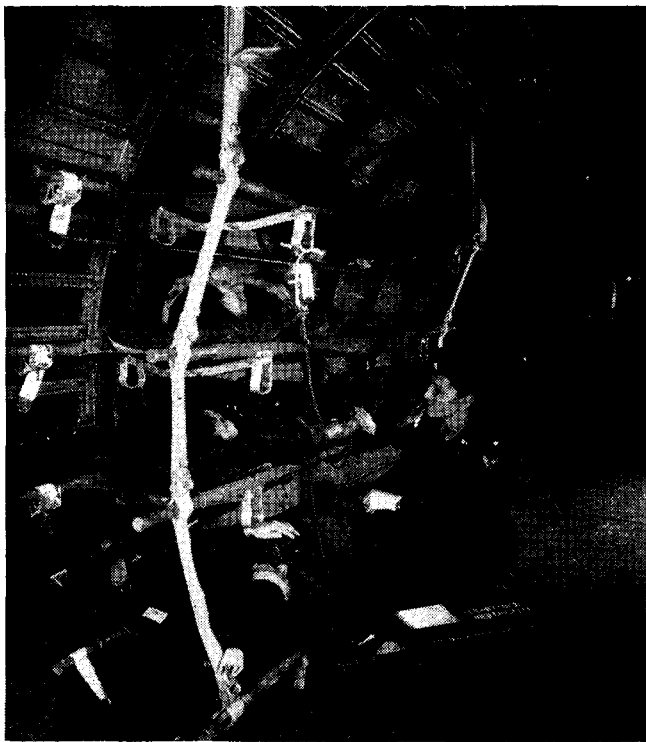


Figure 127. Administration of plasma and oxygen by flight nurse to a patient aboard evacuation airplane in flight.

An additional airplane may be serviced by the classification section, permitting an evacuation flight to service seven airplanes. The nurse supervises loading of the airplane. Airplanes are loaded by ambulance crew members, litter bearers from evacuated hospitals, or others

available. On board, the teams carry out nursing procedures, keep patients comfortable, adjust splints and dressings, and when necessary administer oxygen or plasma. Each team is equipped to give hypodermics, apply dressings, etc.

(b) In an emergency, or where the number of casualties to be carried by an airplane is small, each of the two members of the air evacuation team may serve one airplane, thereby permitting the six air evacuation teams to serve twelve airplanes. With the classification section then serving an additional airplane, all thirteen airplanes (the normal number in a troop carrier squadron) can be served at one time by one air evacuation flight. So far as possible, when airplanes of the Air Transport Command or Troop Carrier Command are used specifically on air evacuation missions, each air evacuation team assigned to an airplane will carry forward litters, blankets, and splints for property exchange with the medical installation from which the patients are to be received. In turn, the air evacuation team will obtain from the receiving hospital that number of litters, blankets, and splints, which are turned over to the receiving hospital with the patients, in order to resupply the evacuation flight, and in turn the supply section of the medical air evacuation squadron.

205. EQUIPMENT (see T/O & E 8-447). **a. Individual.** Each officer, nurse, and enlisted man of the medical air evacuation squadron is supplied with individual equipment appropriate to his rank and duties. In addition, each officer, nurse, and technician participating in evacuation flights is supplied with the bag, sleeping, field shelter, type A-2, and suitable clothing and equipment, flyer.

b. Organizational. Organizational equipment is similar to that of other field medical units, with the addition of certain items essential to proper accomplishment of the squadron's mission. Among these additional items are one chest, ambulance, airplane, per each air evacuation team. This chest contains dress-

ings, hypodermic apparatus, drugs, emesis sacks, and other appropriate equipment. One chest, flight service, is also supplied for the squadron from which special items as needed or anticipated are obtained. Other medical items are many blanket sets, splints, a Chest MD #4 (desk and typewriter), and approximately 432 litters.

206. TRANSPORTATION. Unit transportation is limited to the two sections of the squadron headquarters. The headquarters section operates several light trucks and trailers including a water trailer. The supply section of the squadron headquarters operates several light trucks and trailers. A technician, automotive mechanic, assigned to the headquarters section performs or supervises second echelon maintenance.

207. TRAINING. **a.** The Commanding General, Army Air Forces, is responsible for the training of all units, utilized in air evacuation of casualties. The Commanding General, Army Air Forces, will activate, constitute, and train all medical air evacuation squadrons.

b. Individual. Each officer, nurse, and enlisted man will be given such training as is necessary for the accomplishment of his anticipated duties. Special training in flight procedure is necessary for nurses and technicians of the air evacuation teams.

(1) *Nurses.* Training of flight nurses will include specific instruction in subjects peculiar to air evacuation. Included among these subjects are aero-medical nursing; air evacuation, operations, and tactics; aero-medical physiology, oxygen indoctrination; tropical medicine nursing; ambulance airplane loading; flying discipline, use of emergency equipment and parachutes.

(2) *Medical technicians.* Medical technicians of the air evacuation teams must be highly trained to perform adequately their duties as male nurses during air evacuation. They must also be cognizant of the subjects enumerated in (1) above since they will often work without any assistance.

208. ADMINISTRATION AND SUPPLY. a. Administration. (1) The usual routine duties of squadron (company) administration are carried on by the headquarters section of the squadron headquarters. Normally two enlisted men are provided for the execution of these duties and maintenance of squadron records.

(2) Detailed records concerning evacuation of casualties are maintained. It is the duty of each nurse, or in her absence each technician, to report on equipment and personnel including passenger lists, and to keep an air evacuation record for each evacuation flight. These records are submitted to the squadron commander, under whose direction the headquarters section compiles detailed records and reports concerning all casualties evacuated by the unit or units to which the medical squadron is assigned or attached. Copies of such reports are forwarded weekly through channels to the Commanding General, Army Air Forces (Office of the Air Surgeon).

b. Supply. The supply section of the squadron headquarters is responsible for procurement, distribution, and storage of supplies for the unit. Normally, a Medical Administrative Corps officer and a medical supply non-commissioned officer direct the activities of the section.

(1) Class I supplies are automatic, being drawn daily by the unit supply officer at a designated supply point. He in turn issues them to the mess sergeant.

(2) Medical supplies are obtained from the nearest medical supply platoon, aviation, or the nearest army medical depot.

(3) Other supplies are obtained by requisition through channels on the nearest depot of the branch concerned.

(4) Medical supplies are exchanged as far as possible with the medical installation from which patients are received. The evacuation flight, or air transport team thereof, carries forward medical supplies whenever possible for property exchange when aircraft of the Air Transport Command or troop carrier units are employed on planned medical evacuation missions.

CHAPTER 17

HOSPITALS OF THE COMMUNICATIONS ZONE

Section I. FIELD HOSPITALS

209. GENERAL. The field hospital is a unit devised to meet certain situations not satisfactorily covered by other types of hospitals. Its distinctive features are its mobility and its ability to operate three separate hospital units located, if necessary, at widely separated places. It was developed, organized, and equipped for use in locations where the station hospital type of coverage is desired but where no buildings are available or where changes in location are frequent. The field hospital is designed primarily to provide definitive treatment where fixed hospitals do not exist and where construction of such installations is deemed impractical, such as on island bases and for remote garrisons. It is classified as a "fixed" hospital but it can be easily moved and even transported by air. The hospital may function under control of corps, army, task force, theater, service command, air force, or other command.

210. ORGANIZATION (see T/O & E 8-510). The field hospital is organized into a headquarters and three identical hospitalization units. (See fig. 128.) Each hospitalization unit is capable of independent action if required, at which time it can operate a hospital for 100 patients. Although each hospitalization unit has 134 cots, the personnel required for overhead is so great that when the unit is operating separately, only 100 patients can be efficiently cared for under normal circumstances. However, 150 or more patients may be hospitalized by one unit in an emergency for a short time. When the

entire organization operates together, a hospital of 400 beds can be operated. Whether a hospital is operated by a single hospitalization unit or by the entire organization, certain sections must be operated. When operation

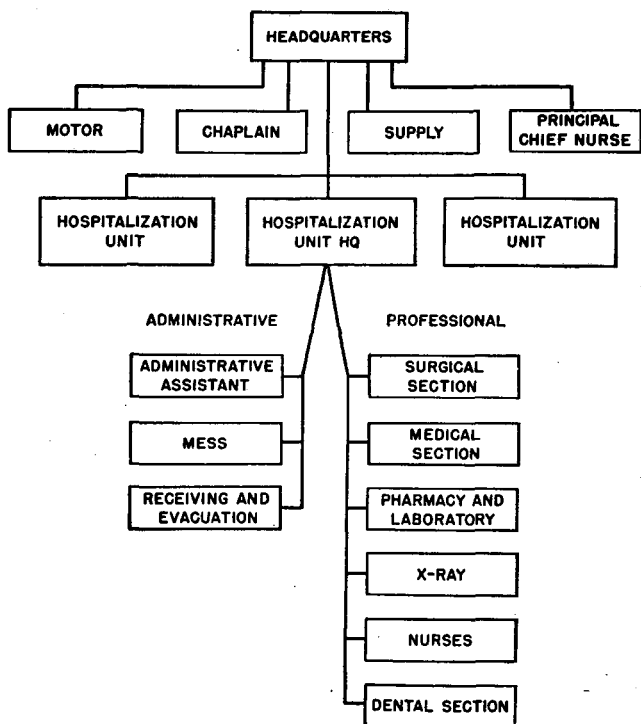


Figure 128. Functional organization of field hospital.

ing as a whole, the corresponding sections of the different hospitalization units may be pooled to create a larger section (mess, surgical, medical, receiving and evacuation, dental, X-ray, and pharmacy) for operation of a 400-bed hospital.

211. FUNCTION. **a. General.** The hospital is designed primarily to provide a "station hospital" for definitive treatment of patients on islands, isolated bases, airfields, or sections of the communications zone, and is staffed for this function. (See sec. II.) It has been, however, in emergencies, used as an evacuation hospital of the combat zone. For this function, it must be reinforced with auxiliary surgical teams as the medical staff is insufficient to cope with large numbers of casualties. The original staff would then assume largely administrative duties. As an evacuation hospital, it may function near an airfield on islands or in mountain or jungle country. It may then receive or evacuate patients by air, or both. A hospitalization unit of the field hospital may also be placed near a divisional clearing station to provide definitive care, particularly in the case of landing operations. Reenforcement with surgical teams is also necessary here. The hospital may receive patients from the station served, from clearing stations or portable surgical hospitals, or direct from site of injury. Disposition is by return to duty or evacuation to a general hospital. (For more detailed description of station hospital function see sec. II.)

b. Special. (1) *Headquarters.* (a) The hospital commander, a Medical Corps officer, is directly responsible to the next higher surgeon or commander, as is prescribed, for the administration, discipline, training, and operation of the hospital when the hospital functions as a whole, and also of a detached hospitalization unit unless otherwise specified. He makes assignments of personnel to the different hospitalization units and without undue interference as to details, exercises sufficient direction over his subordinates to insure successful teamwork. He maintains liaison with the next higher surgeon regarding the condition, establishment, or movement of the hospital or its separation into separate hospital units. He advises the next higher surgeon concerning incoming patients, need for professional reenforcement, and evacuation. He establishes policies regarding the various procedures involved in the establishment and operation of the hospital,

and makes appropriate personnel fully acquainted with them.

(b) An officer is the administrative assistant to the commanding officer and performs such duties as are delegated to him. These may include the routine paper work of hospital headquarters including outgoing and incoming orders, personnel administration, and the consolidation of sick and wounded reports (registrar). (See sec. II.) He may act as commanding officer, detachment of patients. When the hospitalization units are operating together, the administrative assistants of the units may assist him, being charged with personnel records, sick and wounded records, and supervision of the combined messes.

(c) A Medical Administrative Corps officer may be charged with the supervision of the motor vehicles and medical and general supply. He may also act as detachment commander. An administrative assistant of a hospitalization unit may assist him when the field hospital is operating as one unit. (For duties of registrar, mess officer, detachment commander, and supply officer, see sec. II.)

(d) A chaplain is assigned to headquarters. For his duties, see TM 16-205.

(e) A principal chief nurse and two assistants supervise the activities and assignments of the nurses with the hospitalization units.

(f) Motor section is operated by a noncommissioned officer assisted by a mechanic. It supervises first echelon maintenance by hospitalization unit drivers and performs second echelon maintenance. Ambulances may collect local casualties or make local evacuations (as to airfield) but are not sufficient for routine evacuation if the hospital should act as an evacuation hospital.

(g) Supply section, under an officer designated by the hospital commander, is supervised by a noncommissioned officer and is divided into a general supply subsection and a medical supply subsection. This section is charged with—

1. The procurement, storage, and distribution of all supplies, general and medical, used in the

- hospital, including food and the keeping of appropriate records.
2. Conduct of the laundry exchange (a laundry unit may be attached).
 3. Conduct of property exchange at the receiving and evacuation departments.
 4. Disposition of patients' clothing and equipment.
 5. The installation and maintenance of all utilities.

(2) *Hospitalization unit.* There are three identical hospitalization units in the field hospital, each unit being capable of establishing a complete hospital at any distance from the rest of the organization.

(a) *Headquarters.* A medical officer commands the unit. If the unit is operating separately, he assumes more command functions. If the entire hospital is operating as a whole, he may be designated as a chief of the combined surgical sections or medical sections, according to his training.

(b) *Administrative sections.*

1. Administrative assistant is charged with such duties as may be delegated to him by the hospitalization unit commander, such as preparing medical reports and supervising the mess, enlisted men, and supply. He may act as registrar (see sec. II) if the unit is operating separately. When the entire hospital is operating as a whole, he may assist the administrative assistant of hospital headquarters.
2. The mess section, usually under a staff sergeant is charged with the preparation of food for personnel of the hospitalization unit, for the patients, and the supplying of fluids and diets for the wards. When the entire hospital is operating as a whole, the section may operate a patient's mess while the other two unit mess sections operate a "detachment" mess and an officers' and nurses' mess.
3. Receiving and evacuation section operates under direction of an officer designated by the unit

commander. It may be housed in a single tent if the hospital is functioning as a station hospital. If it is functioning as an evacuation hospital, two tents, one on either side of the hospital, should be used. The receiving department is charged with the following duties:

- (a) Examine and classify incoming patients and assign them to a ward.
 - (b) Initiate the proper field medical records, record admissions on a station log, and notify the registrar of all admissions.
 - (c) In accordance with existing policies, retain the patients' clothing and equipment, turn them over to a representative of the supply department, and issue hospital clothing.
 - (d) Deliver patients to proper wards.
 - (e) Exchange property with incoming ambulances.
 - (f) Disinfest and bathe incoming patients when necessary.
4. The evacuation department is charged with the following duties:
- (a) Assume charge of all patients awaiting further evacuation or return to duty.
 - (b) Collect and make appropriate entries on the medical records of outgoing patients.
 - (c) Prepare records (tally sheet) of patients returning to duty and patients to be further evacuated.
 - (d) Collect hospital clothing and issue patients' clothing.
 - (e) Exchange property with outgoing ambulances or planes.
 - (f) Furnish personnel to transport patients from wards into ambulances.

c. Professional sections. (1) *Surgical section.* This section is composed of officers, nurses, and enlisted men as prescribed by the unit commander. It may be reen-

forced by professional surgical teams when the unit is functioning as an evacuation hospital or with a clearing station. It is charged with the care and treatment of all surgical cases, keeping of appropriate records, administration of the wards (tents) designated as surgical, and the operation of the following departments: dressing room for slightly wounded, shock, and preoperative (if needed); sterilizing facilities and operating facilities.

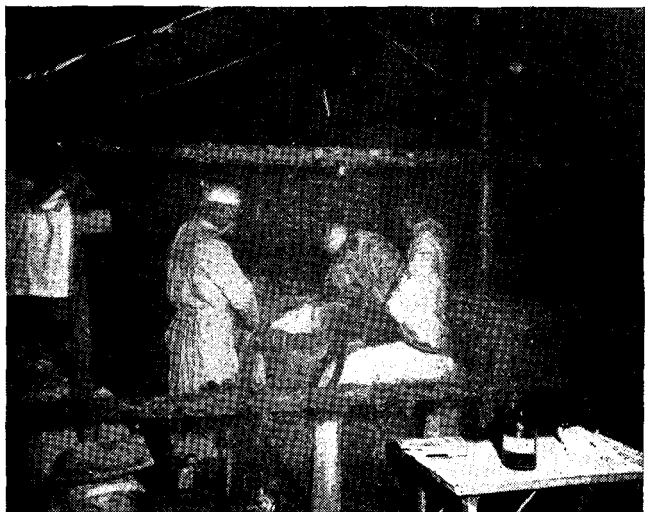


Figure 129. Operating hut of a field hospital on Bougainville Island, South Pacific. (Note screening.)

The section may also supervise the operation of the X-ray department.

(2) *Medical section.* This section is composed of officers, nurses, and enlisted men as prescribed by the unit commander. It is charged with the care and treatment of all medical cases within the installation, the safeguarding of their medical records and the making of appropriate entries therein, and the internal admin-

istration of all medical wards. This section may also supervise the operation of the pharmacy and laboratory.

(3) *Pharmacy and laboratory.* The pharmacy and laboratory are located together in the same tent. The pharmacy is operated by a technician and is charged with the preparation of drugs and prescriptions and the keeping of appropriate records, including narcotic records. The laboratory is operated by a technician and is charged with the carrying out of simple laboratory pro-

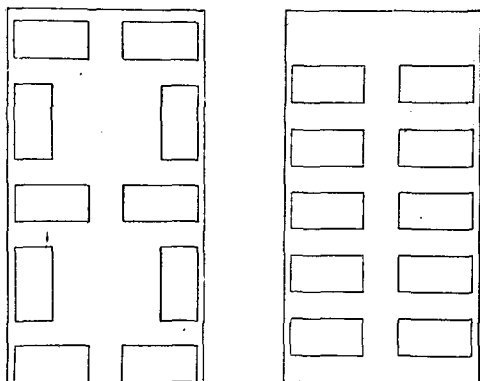


Figure 130. Arrangement of cots in a tent.

cedures such as blood counts, urinalysis, and stool, pus, and feces examinations. Both the pharmacy and laboratory may be operated under supervision of the medical section.

(4) *X-ray department.* This department is operated by a technician under supervision of the surgical section. It is charged with the taking of all X-rays and keeping of appropriate records.

(5) *Nurses.* A head nurse and several other nurses perform nursing functions in the receiving and evacuation departments and on the surgical and medical sections under direction of the principal chief nurse of hospital headquarters and section officers.

(6) *Dental section.* A dental officer and enlisted assistant perform necessary dental procedures and keep dental records. The dental officer also treats maxillo-facial injuries and may be put in charge of the receiving and evacuation section.

212. INSTALLATION. a. When the entire hospital is operating as a unit, an installation of the type shown for



Figure 131. Dental clinic of a field hospital in New Guinea.

the station hospital (see fig. 132) may be erected utilizing available T/E tentage. Permanent buildings, Nissen or prefabricated huts, or other shelter may be utilized. The function of the hospital (station hospital, evacuation hospital, clearing station support) will play a large part in the location and type of installation erected. If a station hospital type of function is desired, more permanent facilities may be constructed and the receiving and

evacuation department may be in the same building (tent). The equipment and personnel are designed for this type of function, but in some cases the hospital will be used as an evacuation hospital. When it is, the evacuation facilities will have to be larger and the site determined by the location of the supported troops and roads or airfields to front and rear. The principles of

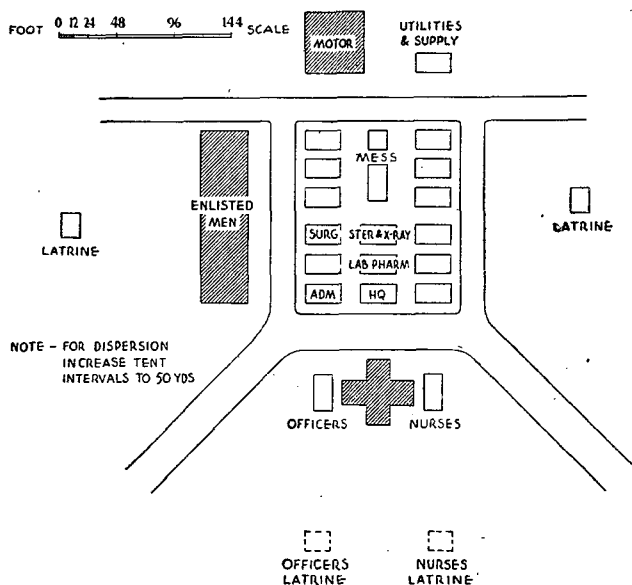


Figure 132. Conventional arrangement of hospitalization unit of a field hospital established under canvas.

laying out and erecting the hospital then are the same as the laying out of the evacuation hospital.

b. When the hospitalization units are separate, each forms a complete small hospital. If camouflage is desired, the tents will have to be dispersed and arranged in an irregular manner as with a clearing station. Dispersal of tents to intervals of 50 yards may be necessary even when the unit is marked and not camouflaged.

The headquarters is usually established at one of the units. Some of headquarters personnel (supply, utilities, administration) may be distributed to the units. The same principles of establishing the hospital apply when an individual hospitalization unit is operating separately.

213. EQUIPMENT. The usual items supplied all medical field organizations are supplied the field hospital. Items of note are approximately 59 squad tents used to shelter patients, surgical facilities, supplies, etc., hospital and ambulance Geneva Cross markers for use when camouflage is not desired or impossible; and one "Unit Equipment Field Hospital (97227)". This Medical Department equipment list contains most of the medical items necessary for operation of the hospital. It includes apparatus for carrying out skeletal traction; spinal and intravenous anesthesia; blood transfusions, direct and indirect; intravenous infusions; gastric and duodenal drainage; application of local heat; and other hospital procedures. Each hospitalization unit is equipped with two complete outfits for carrying out major surgery, including operating tables, operating lamp with generators, complete basic instrument sets, and a special set for genito-urinary, neuro-, maxillofacial, orthopedic, eye, ear, nose, throat and chest surgery, autoclave and hot water sterilizing facilities, surgical gowns, caps, masks and drapes, and instrument tables. Each hospitalization unit has approximately 134 folding cots for patients, with mattress pads, sheets, blankets, pillows, mosquito bars, pajamas, towels, straight litters, and wheeled litters. Each unit has a complete X-ray outfit which can handle dental and 8- to 14-inch X-ray film, and is equipped for fluoroscopy, horizontal and vertical exposures, and can be mounted on wheels and taken to the various wards for bedside pictures. Developing facilities and a portable darkroom are included. Each unit has a laboratory equipped with microscope, mechanical refrigerator, centrifuge, and other items necessary for routine blood and urine analysis and examinations of smears, pus, feces, etc. Intravenous fluids can be prepared. Each unit

has its own mess for patients and personnel and enough compartmented trays for approximately 134 patients. A portable bathing unit may be used in the admitting department. Laundry facilities usually consist of six washing machines. A laundry unit may be attached when needed. There is a small medical library. There are sufficient amounts of expendable supplies (drugs, surgical dressings, syringes, X-ray film, plasma, etc.) to last an estimated 10 days. If the station hospital type of function is to be carried out, lumber should be included with the supplies, as flooring and side walling are essential for the hospital tents, particularly surgical and other special tents.

214. TRANSPORTATION. Headquarters vehicles include a few light and heavy trucks and a portable bathing unit. Each hospitalization unit has ambulances, a light and a heavy truck, and a water trailer. There are personnel and equipment for first and second echelon motor maintenance which is usually carried out under supervision of hospital headquarters. The transportation furnished is enough for routine operation of the hospital but insufficient for movement of the entire organization. When mobility is required, additional trucks will have to be furnished. Evacuation is by higher echelon. When it is necessary for a field hospital to be transported by air (less vehicles) approximately 38 C-47 transport airplanes will be required to move the hospital without shuttling. Ten C-47 airplanes will be required to move one hospitalization unit without shuttling.

215. TRAINING. a. General. The hospital commander is responsible for all training except combined training with other units. For the latter, the responsibility rests with the next higher surgeon. There being no plans and training officer on the unit staff, the actual management of individual training devolves upon the detachment commander, an officer designated by the hospital commander. Acting within the policies and directives of the hospital commander and subject to the lat-

ter's approval, he prepares the training programs and schedules, assigns instructors, and exercises general supervision. The hospital commander makes training inspections to insure proper progress of training and the attainment of the prescribed objectives.

b. Individual training. This phase of training is very important because of the great number of responsible and very specialized jobs in a hospital. In addition to basic and technical training, many must be trained in special medical technicians' schools, others in fixed hospitals to which the unit may be attached for training purposes, and others by the unit itself in its own technicians' schools.

(1) Administrative personnel must be trained in personnel administration, correspondence, typing, general and medical supply, and sick and wounded reports of many kinds.

(2) Mess personnel must be trained in cooking, preparing of vegetables and meat, baking, preservation and serving of food, diets, and mess administration.

(3) Utilities personnel must be trained in operation of the electric power plant, water supply system, waste disposal facilities, and in other general utility duties. Transportation personnel must be capable of convoy driving with and without lights, and of concealment and camouflage of vehicles. A good mechanic is essential. The motor sergeant must be trained in motor administration.

(4) Surgical personnel must be trained in sterile technique, operation of sterilizers, nomenclature of instruments, bandaging, preparation of plaster, use of infusion equipment, preparation of wounds for surgery, use of hypodermics, etc. An orthopedic mechanic is needed.

(5) Medical personnel must be trained in nursing procedures such as bedmaking; bathing patients; giving of medicine and enemas; taking of temperature, pulse, and respiration; classification of diets; and isolation technique.

(6) Laboratory personnel must be trained in using the microscope, making blood counts and urinalyses, and use of laboratory equipment.

(7) Pharmacy personnel must be trained in nomenclature, storage, compounding and dispensing drugs, reading of prescriptions, and pharmacy administration.

(8) X-ray personnel must be trained in the setting up and use of the field X-ray units, technique of taking and developing X-ray pictures; and X-ray record keeping.

(9) Litter bearers should be trained in the careful handling of different types of casualties and in the use of the hand and wheeled litter.

(10) Other specialists who must be trained are carpenters, dental technicians, and chaplains' assistants.

c. Unit training. Training, under section commanders, should include packing and unpacking of section equipment and establishment of that part of the hospital for which the section is responsible. The ability to work together as a team is essential. Unit training should include establishment and disestablishment of the hospital, both as a whole and by hospitalization units. Emphasis should be placed on squad tent pitching. Loading of equipment on trucks, railroad cars, and airplanes should be practiced.

d. Combined training. This training is possible only on large-scale maneuvers.

e. Drills and ceremonies. (1) *Drill.* The unit drills dismounted in accordance with FM 22-5. Except during active operations, all personnel, regardless of how highly specialized professionally, should receive a moderate amount of drill. This not only gives the personnel the proper exercise but also develops the soldierly qualities without which the operation of a hospital becomes slovenly and inefficient.

(2) *Ceremonies.* The unit participates in the ceremonies of inspection and formations for the presentation of medals. The unit formations are those of an infantry battalion, the three hospitalization units augmented by the personnel of headquarters simulating three infantry companies. (See FM 22-5.)

216. ADMINISTRATION. Administration of a field hospital is similar to that at a station hospital.

a. Personnel. Unit headquarters submits morning reports and other personnel reports and returns to next higher headquarters. To obtain the proper amount of rations, a similar report of patients hospitalized is also rendered.

b. Medical. The Emergency Medical Tag (EMT) (WD AGO Form 8-26) and the Field Medical Record (FMR) (WD AGO Forms 8-27 and 8-28) are kept on every patient. The Report Sheet (WD AGO Form 8-23) together with the EMT's and FMR's of patients returned to duty are submitted monthly to the next higher surgeon. The Statistical Report (WD AGO Form 8-122) is submitted to the next higher surgeon as directed. A clinical index is maintained of all patients admitted and their disposition. A file is kept of all patients in the hospital. Other reports and returns are submitted as directed to the next higher commander or next higher surgeon. Clinical records and other forms are used in the internal functions of the hospital as directed by the commanding officer.

c. Supply. (1) Class I supplies are automatic, being drawn daily by the unit supply officer at a designated supply point. He in turn issues them to the mess officers.

(2) Medical supplies are obtained from the nearest medical depot in one of the following ways: by requisition, by drawing upon established credits, or by informal memorandum. Delivery of medical supplies is effected by sending unit transportation directly to the depot, by shipment from the depot to the nearest rail-head siding or truckhead, by air, or, rarely, by the vehicles of the depot.

(3) Other supplies are obtained by requisition through the next higher surgeon on the nearest depot of the branch concerned.

d. Care of sick and injured. When not at station, personnel of a medical section operate a dispensary for the care and treatment of the sick and injured personnel

of the unit. When at station, sick and injured personnel are reported to the receiving department.

Section II. STATION HOSPITALS

217. GENERAL. A station hospital is located at most posts, camps, and stations for hospitalization of personnel assigned thereto. Station hospitals are not mobile. They are of two types: zone of interior and communications zone. The ZI type consists of hospitals housed in buildings in the zone of the interior, and are named for the station they serve, as "Station Hospital, Carlisle Barracks, Pa." The CZ type are housed in tentage or improvised housing in the communications zone of the theater of operations and are numbered, as "24th Station Hospital." Station hospitals may be located in the combat zone. Numbered (CZ) station hospitals are the type that are described in this section. Numbered station hospitals have bed capacities from 25 to 900 beds. T/O & E 8-560 list separate organizations and tables of equipment for 25-, 50-, 75-, 100-, 150-, 200-, 250-, 300-, 350-, 400-, 450-, 500-, 600-, 700-, 750-, 800-, and 900-bed station hospitals. These are similar in organization, personnel, function, equipment, training, and administration, except for differences in numbers of personnel and quantities of equipment. For purposes of description the 500-bed station hospital will be used as an example.

218. ORGANIZATION. The station hospital is composed of a headquarters, a group of administrative services, and a group of professional services. (See fig. 133.) Each service is directly responsible to the commanding officer and while, in the smaller hospitals, several may be supervised by one officer, the function of each will have to be carried out.

219. FUNCTION. a. General. The station hospital furnishes hospital care for personnel of the post, camp, or station at which it is located.

Ordinarily it cares only for personnel at the post, camp, or station, but in exceptional circumstances, it may serve a circumscribed area around the camp or even act as an evacuation or general hospital. If acting as an evacuation hospital, its professional services must be reenforced. At times a station hospital may carry out the first four echelons of medical service: dispensary, collection and clearing, evacuation hospital, general hospital. Normally, however, tactical units operate their own dispensaries

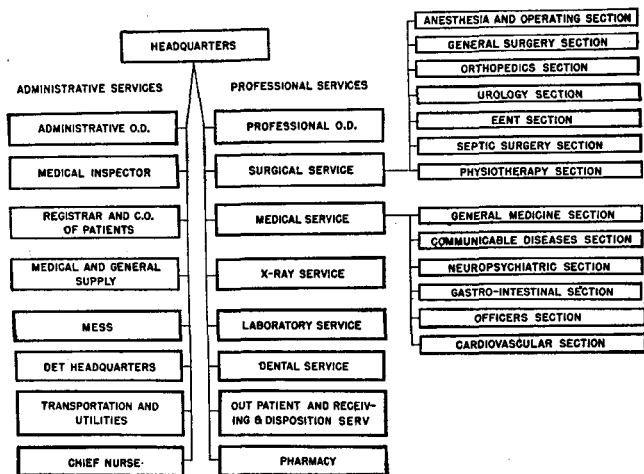


Figure 133. Functional organization of station hospital.

and furnish ambulances for transportation of cases to the hospital. In emergencies and for units without ambulance elements, the hospital furnishes ambulance service.

b. Special. (1) *Headquarters.* (a) The *commanding officer* may have a dual function as commanding officer of the hospital and post surgeon. In the latter capacity, he is a special staff officer of the post commander. As hospital commander he is responsible for the organization, function, training, administration, and discipline

of the hospital. He establishes all policies and standard operative procedures. He is responsible to the post commander. As special staff officer of the post commander, he advises on matters of sanitation, health, control of communicable disease, and receives and submits medical reports. There may be a post surgeon separate from the hospital commander.

(b) The *executive officer* (may also be chief of a major service) is the principal assistant of the commanding officer and supervises the workings of the remainder of the staff. He must enjoy the confidence of the commander and possess a thorough knowledge of his policies and plans. He performs such routine administration of the hospital as does not require the personal action of the commander. In the latter's absence, he makes the decisions which he thinks the commander would have made in like circumstances and notifies him of these decisions at the earliest opportunity.

(c) The *adjutant* is responsible for incoming and outgoing correspondence and orders, auditing of funds, officers' personnel matters, and may act as fire marshal.

(d) *Chaplain*. See TM 16-205.

(2) *Administrative services*. (a) *Medical inspector* may be also the executive officer or chief of medical or surgical service. He makes periodic inspections of the hospital including sanitary conditions in the hospital area and wards, clinical records, narcotic inventories and registers. He submits a report of his inspections to the commanding officer. He may also be designated post medical inspector in which case he will conduct periodic sanitary inspections of the entire post and submit a report to the post surgeon (hospital commander) and post commander.

(b) *Registrar*. The registrar is responsible for all sick and wounded records and reports, and matters pertaining to death. He has jurisdiction over matters pertaining to personnel problems of patients and their personal belongings and discipline. He is commanding officer of the detachment of patients. Patients are car-

ried as attached from other organizations or attached unassigned as the case may be.

(c) *Medical and general supply.* This service, commanded by a Medical Administrative Corps officer, is responsible for procuring, storing, and issuing all supplies for use in the hospital. It is divided into two sections: general (unit) supply and medical supply. The officer in charge of the medical supply section is known as the medical supply officer and may be held responsible for medical supply for the entire post, camp, or station. If he is, he issues medical supplies to wards of the hospital, dispensaries of the post, and medical units of field organizations assigned to the post. The general supply section also conducts the laundry exchange. A laundry unit may be attached.

(d) *Mess.* A Medical Administrative Corps officer may be placed in charge of the mess service. He is assisted by a female commissioned dietitian. The personnel of this service are charged with—

1. Procurement of all food supplies from the unit supply officer and their storage, preparation, and serving.
2. Operation of three messes; one for officers and nurses, one for patients, and one for enlisted personnel.
3. Preparation of fluids and special diets as needed for patients and their distribution to the wards.
4. Custody of the mess fund.

(e) *Detachment headquarters.* This service constitutes the personnel office of all personnel of the hospital. The hospital morning report, pay rolls, etc., are prepared here. The officer in command of this service is the detachment commander and is a Medical Administrative Corps officer. This service is charged with the administration and discipline of the hospital, their duty assignments to other services, the procurement and issue of their clothing and equipment, and so much of their training as may be delegated by the hospital com-

mander. The detachment commander may be appointed hospital plans and training officer.

(f) *Transportation and utilities.* This service, headed by a Medical Administrative Corps officer, is charged with—

1. The operation and first and second echelon maintenance of all motor vehicles assigned to the hospital.
2. The installation, maintenance, and repair of all utilities such as electric system, water system, water heating and tent heating facilities, sewage system, communication system, etc. A laundry unit may be attached.

(g) *Chief nurse's office.* This service is responsible for assignment of nurses to the various services according to their need, the administration of nurses, and the supervision of nursing care on the wards and nursing technique in the operating room.

(h) *Administrative officer of the day.* This officer is appointed by roster from officers of the administrative services, acts for the commanding officer during off duty hours, inspects the guard, acts as fire marshal, and performs other duties delegated him by the hospital commander.

(3) *Professional services.* (a) *Surgical service.* This service is headed by a medical officer well trained in surgery. He is responsible for assignments of officer personnel on the surgical service, the designation of the types of cases to be treated on each surgical ward, for the conduct of the operative procedures, ward professional work, and administration of the surgical wards. He performs surgical procedures and acts as surgical consultant for the hospital. The service is made up of several sections. Two or more of these sections will be combined in all but the largest station hospitals. The section chiefs may act as consultants appropriate to their sections if authority is delegated by the chief of the surgical service.

1. *Anesthesia and operating section.* This section is headed by a medical officer trained in anesthesia.

The section is charged with the giving of anesthetics and the supervision of the operating and sterilizing rooms.

2. *General surgical section.* This section is headed by a Medical Corps officer experienced in general surgery. It cares for all surgical patients not cared for on the special sections of the surgical service (general abdominal surgical cases, chest surgical cases, etc.).

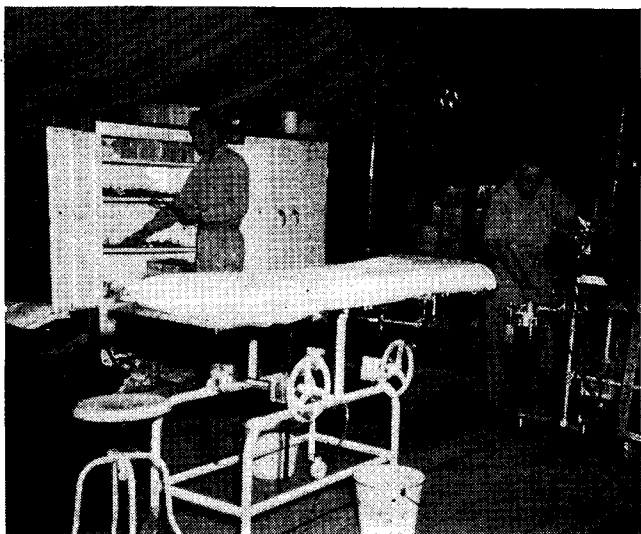


Figure 134. Operating tent of station hospital in South Pacific.

3. *Orthopedic section.* This section is headed by a Medical Corps officer experienced in orthopedics. It cares for all orthopedic cases such as fractures, sprains, and defects of the musculo skeletal system.
4. *Urology section.* This section is headed by a Medical Corps officer experienced in urology. It cares for all genito-urinary cases including venereal cases which need hospitalization.

5. *EENT section.* This section is headed by a Medical Corps officer experienced in the treatment of eye, ear, nose, and throat diseases. He acts as EENT consultant. The section acts as both an out-patient and in-patient department. The section may be given the status of a separate service in the larger hospitals if the hospital commander so desires.
6. *Septic surgery section.* This section is headed by a medical officer experienced in the treatment of surgical infections. It cares for such cases as infected wounds, cellulitis, carbuncles, septicemia, peritonitis, empyema, and osteomyelitis. It thus acts as an isolation ward for surgical infections.
7. *Physiotherapy section.* This section is headed by a Medical Corps officer experienced in physiotherapy procedures, assisted by a female commissioned physiotherapist. It carries out treatment for such patients on other sections as are referred to it, especially orthopedic cases. It performs or supervises such therapeutic procedures as massage, radiation treatments, hydrotherapy, graduated exercises, etc.

(b) *Medical service.* This service is headed by a medical officer well trained in internal medicine. He is responsible for assignments of officer personnel, the designation of the types of cases to be treated on each medical ward, and for the conduct of professional work and administration of the medical wards. He acts as medical consultant for the hospital. The service is made up of several sections. Two or more of these sections will be combined in all but the largest station hospitals. The section chiefs may act as consultants appropriate to their sections if authority is delegated by the chief of the medical service.

1. *General medical section.* This section is headed by a Medical Corps officer experienced in general medicine. It cares for all medical cases not cared for on the special sections of the medical service.

It may absorb several of the other medical sections in the smaller hospitals.

2. *Communicable disease section.* This section is headed by a medical officer experienced in communicable diseases. It cares for all cases of communicable disease requiring isolation technique, isolating them from one another and from the rest of the hospital. Its personnel must be trained in isolation technique.
3. *Neuropsychiatric section.* This section is headed by a medical officer experienced in neuropsychiatric disorders. He acts as neuropsychiatric consultant. The section furnishes care to cases of neurosis and psychosis. Patients who cannot soon be returned to duty should be evacuated to general or special psychiatric hospitals.
4. *Gastro-intestinal section.* This section is headed by a medical officer experienced in gastro-intestinal diseases. It cares for cases of gastro-intestinal disease that are not communicable (in which case they are assigned to the communicable disease section).
5. *Officers section.* This section is headed by a medical officer trained in general medicine. It cares for all officer personnel irrespective of the type of disease or injury. For special cases such as surgical or special medical cases, consultation with or actual care by the appropriate professional section is indicated. However the patient remains on the officers' ward unless directed elsewhere by the commanding officer. Ambulant officer patients eat at the officers' mess.
6. *Cardiovascular section.* This section is headed by a medical officer experienced in cardiovascular diseases. It cares for such cases as hypertension, rheumatic heart disease, and peripheral vascular disease.

(c) *X-ray service.* This service is headed by a Medical Corps officer who has had special X-ray training

and also experience in the use of the field X-ray equipment. The service may be operated as a section of the surgical service in the smaller hospitals. The service is charged with the taking of X-rays both in the X-ray tent (building) and on the wards, fluoroscopy and foreign body location, processing of the films, interpretation of the films, and the keeping of appropriate records.



Figure 135. Ward of a station hospital in the South Pacific.

(d) *Laboratory service.* This service is headed by a Medical Corps officer who has had special training in laboratory work. The service is charged with the performance of laboratory procedures such as blood counts, urinalysis, immunological and bacteriological studies, blood chemistry, blood typing and matching, examinations of pus, sputum, etc. The laboratory is also charged with operation of the hospital morgue, performing autopsies, and the preparation of bodies for burial.

(e) *Dental service.* This service is headed by a Dental Corps officer who also acts as dental consultant for the hospital. The service acts as both an in-patient and out-patient department. It is charged with the operation of the dental department including dental procedures and the keeping of dental records.



Figure 136. *Laboratory of a station hospital in the South Pacific.*

(f) *Receiving and disposition service.* This service is commanded by a Medical Corps officer. The service is charged with—

1. Examination and classification of incoming patients (transfers from unit dispensaries) and their assignment to wards.
2. Initiation of proper medical records.
3. Checking and safekeeping of patients' valuables.

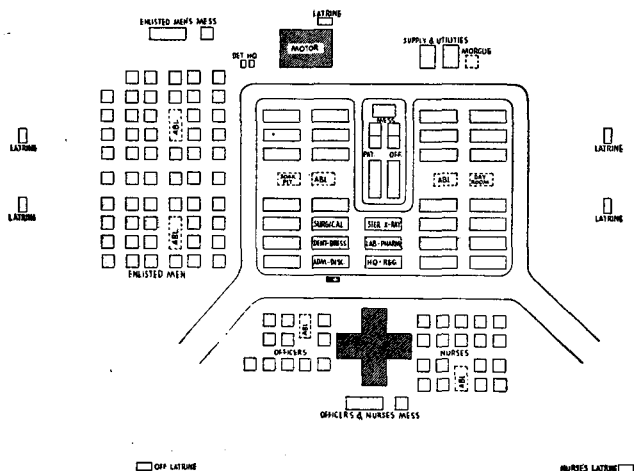
4. Checking patients' clothing and issuing of hospital clothing.
5. Giving of baths and disinfections.
6. Delivery of patients to proper ward.
7. Property exchange with ambulances.
8. Returning of valuables and clothing to and obtaining hospital clothing from outgoing patients.
9. Keeping of station log of patients being admitted and discharged or evacuated.
10. Performing physical examinations as directed by higher authority.
11. Acting as dispensary and out-patient department for those who have no unit dispensary and for hospital personnel.
12. Referring to appropriate section or service those coming for out-patient treatment (EENT, dental, etc.).
13. Furnishing information concerning patients.

(g) *Pharmacy.* The pharmacy is operated by a non-commissioned officer, under supervision of an officer appointed by the hospital commander. The pharmacy is charged with the preparation and issue of drugs and prescriptions and the keeping of prescription files and narcotic records.

(h) *Professional officer of the day.* The professional officer of the day, appointed by roster from officers of the professional services, acts for the personnel of the professional services, including admitting officer, makes ward rounds, and assumes professional responsibility during off duty hours.

220. INSTALLATION. The physical arrangement of the installation depends upon the following factors: establishment under existing shelter, under canvas or in Nissen or prefabricated huts, or any combination of these; the nature of the terrain, the size of the hospital, the existence of sewage or water systems, and other factors. Seldom will conditions be ideal. However, the relative permanency of the installation will enable more elaborate

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a. Departments which have to do with all patients such as mess, X-ray, laboratory, etc., should be centrally located.

b. Admitting and disposition service can be located in one tent.

c. Service elements, except messing, are segregated for control and separation from critically ill patients.

d. Ground markers, if used, must occupy conspicuous positions.

e. If plumbing is available, showers and washing facilities should be constructed for patients in a central area or areas (at least one on each side of conventional arrangement).

f. Spacing of tents must enable compactness and still provide for passage to different units.

g. The Corps of Engineers should be consulted as to installation of the semipermanent shelter and utility facilities.

h. Each service chief is charged with the installation of equipment for his service.

221. EQUIPMENT. The equipment of a station hospital is that of any field medical unit plus a large amount of special equipment required to carry out its special function. (See T/E- 8-560.) It includes ward tents for wards and hospital facilities, pyramidal (or squad) tents for personnel and storage tents for storage, and one "station hospital communications zone _____ bed." In general, the equipment in these lists is somewhat more elaborate and less portable in nature than the equipment provided for evacuation or field hospitals. The equipment includes—

a. Office equipment such as desks, chairs, cabinets, mimeograph, typewriters, etc.

b. Disinfector and washing facilities.

c. Operating tables, folding and nonfolding (see fig. 134); large autoclaves; complete instrument assortment including cystoscope, proctoscope, electro-surgical set, and operating instruments for general and special surgery (EENT, brain, etc.); operating gowns, lights, and instrument tables, infrared and ultraviolet lamps.

d. Folding beds (see fig. 135), sheets, pillows, blankets, mosquito bars, bedpans, commodes, dressing carriages, food carts, medicine cabinets, ward two-burner stoves, bedside tables, and other ward equipment.

e. Dish sterilizers, dining tables, dishes, and other mess equipment.

f. Complete field X-ray equipment for taking 8- to 14-inch and dental films, vertically or horizontally, a port-

able unit for bedside pictures, a fluoroscopic screen, and developing and darkroom facilities.

g. Centrifuge, microscope, refrigerator, incubator, and facilities for doing Wasserman and Kahn tests; blood chemistry; bacteriology; serology; examination of blood, feces, and sputum; and autopsies.

h. Equipment for skeletal traction, preparing and giving transfusions and infusions, giving spinal, intravenous, local, and inhalation anesthetics.

i. Prescription balance, flasks, bottles, etc.

j. Dental equipment for nearly all dental procedures including making of prosthetics.

k. Generators, washing machines, water heater, steam generator, and other utilities.

l. A small but complete medical library.

222. TRANSPORTATION. The transportation is sufficient only for routine administration of the hospital and cannot move equipment. It varies with the size of the hospital but in general consists of a few ambulances and a few light and heavy trucks. The hospital mechanic performs second echelon maintenance. Ambulances collect local casualties or make local evacuations but are not sufficient for routine evacuation if the hospital is to function as an evacuation hospital.

223. TRAINING. a. General. The hospital commander is responsible for all training except combined training with other units. For the latter, the responsibility rests with higher authority. There being no plans and training officer on the unit staff, the actual management of individual training devolves upon the detachment commander. Acting within the policies and directives of the hospital commander and subject to the latter's approval, he prepares the training programs and schedules, assigns instructors, and exercises general supervision. The hospital commander makes training inspections to insure proper progress of training and the attainment of the prescribed objectives.

b. Individual training. This phase of training is very important because of the great number of responsible and very specialized jobs in a hospital. In addition to basic and technical training, many men must be trained in special medical technicians' schools, others in fixed hospitals to which the unit may be attached for training purposes, and others by the unit itself in its own technicians' schools.

(1) Administrative personnel must be trained in personnel administration, correspondence, typing, general and medical supply, and sick and wounded reports of many kinds.

(2) Mess personnel must be trained in cooking, preparing of vegetables and meat, baking, preservation and serving of food, diets, and mess administration.

(3) Utilities personnel must be trained in operation of the electric power plant, water supply system, heating facilities, communication facilities, waste disposal facilities, and in other utility duties. Transportation personnel must be trained as drivers and in first echelon maintenance. Personnel must be capable of convoy driving, with and without lights, and of concealment and camouflage of vehicles. A good mechanic is essential. The motor noncommissioned officer must be trained in motor administration.

(4) Surgical personnel must be trained in sterile technique, operation of sterilizers and dressing carriages, nomenclature of instruments, bandaging, preparation of plaster, use of infusion equipment, preparation of wounds for surgery, use of hypodermics, etc. An orthopedic mechanic is needed.

(5) Medical personnel must be trained in nursing procedures such as bedmaking; bathing patient; giving of medicines and enemas; taking of temperature, pulse, and respiration; isolation technique; and classification of diets.

(6) Laboratory personnel must be trained in using the microscope, making blood counts, urinalyses, bacteriology, serology, blood chemistry, and use of laboratory equipment.

(7) Pharmacy personnel must be trained in nomenclature, storage, compounding, and dispensing drugs and prescriptions; reading of prescriptions; and pharmacy administration.

(8) X-ray personnel must be trained in the setting up and use of the field X-ray units, technique of taking and developing X-ray pictures, and X-ray record keeping.

(9) Litter bearers should be trained in the careful handling of different types of casualties and in the use of the hand and wheeled litter.

(10) Other specialists who must be trained are carpenters, dental technicians, and chaplains' assistants.

c. Unit training. Group training, under service chiefs, should include packing and unpacking of equipment for the service and establishment of that part of the hospital for which the service is responsible. The ability to work together as a team is essential. Unit training should include establishment and disestablishment of the hospital. Emphasis should be placed on heavy tent pitching. Loading of equipment on trucks and railroad cars should be practiced.

d. Combined training. This training is possible only on large scale maneuvers.

e. Drills and ceremonies. (1) *Drill.* The unit drills dismounted in accordance with FM 22-5. Except during active operations, all personnel regardless of how highly specialized professionally should receive a moderate amount of drill. This not only gives the personnel the proper exercise but also develops the soldierly qualities without which the operation of a hospital becomes slovenly and inefficient.

(2) *Ceremonies.* The unit participates in the ceremonies of inspection and formations for the presentation of medals. The unit formations are those of an infantry company or battalion according to the size of the hospital, the major divisions augmented by the personnel of headquarters. (See FM 22-5.)

224. ADMINISTRATION. a. Personnel. Hospital headquarters submits morning reports and other person-

nel reports and returns to post headquarters as directed. To obtain the proper amount of rations, a similar report of patients hospitalized is also rendered.

b. Medical. The Emergency Medical Tag (EMT) (WD AGO Form 8-26) and the Field Medical Record (FMR) (WD AGO Forms 8-27 and 8-28) are kept on every patient. The Report Sheet (WD AGO Form 8-23) together with the EMTs and FMRs of patients returned to duty are submitted monthly to the post surgeon. The Statistical Report (WD AGO Form 8-122) is submitted to the post surgeon as directed. A simple record is maintained of all patients admitted and their disposition. Other reports and returns are submitted as directed. Clinical records and other forms are used in the internal functions of the hospital as directed by the commanding officer.

c. Supply. (1) Class I supplies are automatic, being drawn daily by the unit supply officer at a designated supply point in the post. He in turn issues them to the mess officer.

(2) Medical supplies are obtained from the communications zone depot in one of the following ways: by requisition, by drawing upon established credits, or by informal memorandum. Delivery of medical supplies is effected by sending unit transport directly to the depot, by shipment from the depot to the nearest railhead or to the siding adjacent to the installation, by air, or rarely by the vehicles of the depot.

(3) Other supplies are obtained by requisition through the theater commander on the nearest depot of the branch concerned.

d. Care of sick and injured. The receiving and disposition service acts as dispensary for the personnel of the hospital. Hospitalization is on the appropriate ward.

Section III. GENERAL HOSPITALS

225. GENERAL. General Hospitals are "fixed hospitals." They are of two types: zone of interior and communications zone. The ZI type consists of hospitals

housed in buildings in the zone of the interior and have bed capacities of from 500 to 4,000 or more. They are usually named for a distinguished (deceased) member of the Medical Department, for example, "Walter Reed General Hospital." The CZ type is housed in tentage or improvised housing in the communications zone of the theater of operations and is numbered as "24th General Hospital." It is the CZ type that is described here. The CZ type is again divided into two types, the General Hospital (T/O & E 8-550) and the General Hospital NP (T/O & E 8-550S). Numbered general hospitals are of three sizes: 1,000-bed, 1,500-bed, and 2,000-bed.

GENERAL HOSPITAL

226. ORGANIZATION. The general hospital is composed of a headquarters, a group of administrative services, and a group of professional services. (See fig. 138.) Each service is directly responsible to the commanding officer. The number of officers and enlisted men in the various services and sections varies with the size of the hospital. Teams of the 500-series may be attached as needed (laundry, postal, etc.).

227. FUNCTION. a. General. The numbered general hospitals perform fourth echelon medical service receiving patients from evacuation hospitals of the combat zone by ambulance train, motor ambulance, or by airplane. Numbered general hospitals are located in the communications zone. While patients usually receive definitive treatment in evacuation hospitals, their stay there is usually limited to a very few days. For additional treatment and care up to a period to be determined for each theater (usually 120 to 180 days), patients are sent to a numbered general hospital. If patients are to be hospitalized for a longer period of time, they are evacuated to a named general hospital in the zone of the interior. If a patient recovers sufficiently to need little medical care other than obser-

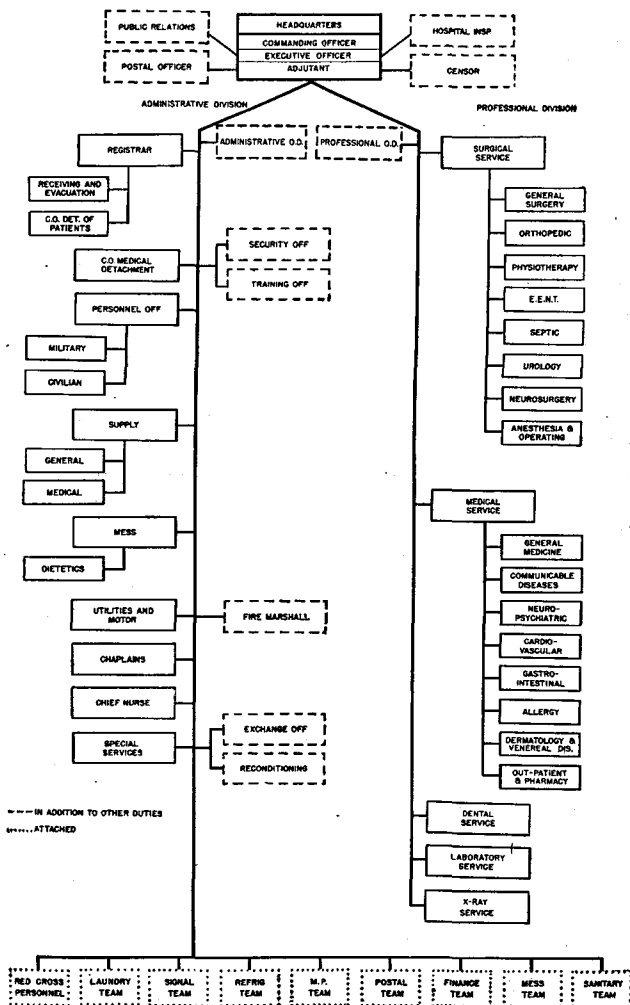


Figure 138. Organization of general hospital.

vation and rehabilitation before returning to duty, he is sent from the numbered general hospital to a convalescent hospital or camp. General hospitals perform the most difficult and specialized procedures. They have the most elaborate equipment in the theater of operations. While station hospitals perform routine appendectomies, etc., more complicated cases should be transferred to a general hospital for treatment. Two or more general hospitals may be combined under a separate headquarters into a "hospital center". In this case, one general hospital may be designated to care for particular types of cases. The advantage of this plan is economy of overhead and specialization.

b. Special. (1) *Headquarters.* (a) *Commanding officer.* A Medical Corps officer is responsible for the organization, function, training, administration, and discipline of the hospital. He establishes all policies and standard operative procedures. He makes assignments of personnel within the unit that he deems suitable for normal function. Without undue interference as to details he exercises sufficient direction over his subordinates to insure successful teamwork. He maintains liaison with the communications zone surgeon regarding the condition of the hospital, its incoming and outgoing patients, and its needs for hospital trains, ambulance elements, and auxiliary surgical teams. He makes provision for emergency expansion of the hospital.

(b) *Executive officer.* The Executive officer is the principal assistant of the commanding officer and supervises the workings of the remainder of the staff. He must enjoy the confidence of the commander and possess a thorough knowledge of his policies and plans. He performs such routine administration of the hospital as does not require the personal action of the commander. In the latter's absence he makes the decisions which he thinks the commander would have made in like circumstances and notifies him of these decisions at the earliest opportunity. Usually in addition to his other duties he is medical inspector. (See AR 40-270.) He may also be hospital inspector. In this capacity, he makes peri-

odic inspections of the hospital including sanitary conditions of the hospital area, messes, and wards, and satisfies himself that clinical records, narcotic inventories, and registers are being properly kept. He submits a report of his inspections to the commanding officer. He may also be appointed public relations officer.

(c) *Adjutant*. The adjutant is responsible for incoming and outgoing correspondence and orders, auditing of funds, and may act as chief censor. He also may have supervision over postal, finance, and other sections.

(2) *Administrative services*. (a) *Registrar*. The registrar is responsible for all sick and wounded reports, keeping sick and wounded records, and matters pertaining to death. He is assisted by officers and enlisted assistants.

1. *Commanding officer, detachment of patients*. The registrar may also be the commanding officer, detachment of patients (includes all patients in the hospital). As such, he is responsible for their welfare, discipline, pay, service records, and belongings.
2. *Receiving and disposition section*. This section may be given the status of a separate service if so desired by the hospital commander. Under a Medical Corps officer, this section is responsible for the following duties:
 - (a) Checking, examining, classifying, and assigning to proper ward of all incoming patients.
 - (b) Initiating or making proper entry in proper medical records (FMR) (WD AGO Forms 8-27 and 8-28) and keeping a log of all incoming and outgoing patients.
 - (c) Checking of patients' clothing and valuables and the issue of hospital clothing.
 - (d) Giving baths and disinfestations.
 - (e) Delivering patients to proper wards.
 - (f) Making property exchange with ambulances, airplanes, or hospital trains.

- (g) Returning of valuables and clothing to and obtaining hospital clothing from outgoing patients.
- (h) Checking outgoing patients, furnishing a list to the evacuating officer (ambulance, train, or ship).
- (i) Notifying registrar of all admissions.
- (j) Furnishing information concerning patients.
- (k) Acting as dispensary for hospital personnel. Enlisted men and nurses assist in this office.

(b) *Medical detachment headquarters.* This office, commanded by a Medical Administrative Corps officer, assisted by another officer, is charged with the command administration, assignments, supply, and discipline of the enlisted men of the hospital. Personnel work is done by the personnel office. The detachment commander may be designated training officer (S-3) and may supervise, under the hospital commander, the training of the enlisted men of the hospital. The detachment commander may be charged with supervision of the hospital guard and act as security officer. Guards are detailed from the detachment by roster.

(c) *Personnel office.* Under the personnel officer, this office performs personnel administration for hospital personnel including pay rolls, service records, etc. It also supervises any civilian personnel employed by the hospital.

(d) *Supply.* This service, under an officer, is divided into two sections.

1. *General supply section.* This section, under an officer, is responsible for the requisition, procurement, storage, and issue of all supplies, other than medical, used by the hospital. Supplies for the hospital enlisted men are issued to the detachment supply office. Class I supplies are issued to the mess officer.

2. *Medical supply section.* This section, under an officer (medical supply officer), is responsible for the requisition, procurement, storage, and issue of all medical supplies used by the hospital. Supplies are issued to the pharmacy, laboratory, and various wards and sections.

(e) *Mess.* This service commanded by a Medical Administrative Corps officer, assisted by female commissioned dietitians, is charged with the same functions as the mess section of the station hospital, including the operation of a patients' mess, an enlisted mens' mess, and an officers' and nurses' mess. A mess team from T/O & E 8-500 may be attached if needed.

(f) *Utilities and motor officer.*

1. *Utilities section.* This section is charged with the installation, maintenance, and repair of all utilities and general equipment of the hospital. These include water, sewage, heating, steam, communication and electric systems, and operation of the laundry exchange. A laundry team from T/O & E 10-500 may be attached to this section or to the general supply section to supply laundry facilities for the hospital and patients. A signal team from T/O & E 11-500 may be attached to operate the communication system. This section also constructs and repairs tents, frames, buildings, etc. The officer in charge of this section may also be designated fire marshal and supervises fire protection measures and facilities.

2. *Transportation section.* This section is charged with the operation and first and second echelon maintenance of all hospital motor transport.

(g) *Chaplains.* Three officers of the Chaplain Corps are assigned to the hospital. For their duties see TM 16-205.

(h) *Nurse's office.* The functions of this office are the same as those of the nurse's office of the station hospital.

(i) *Special service office.* The special service officer is responsible for the educational, recreational, and ori-

entation activities for the personnel of the hospital and patients. Such activities include motion pictures, games and sports, special courses, hospital paper, orientation talks and exhibits, etc. This officer may also be designated exchange officer supervising the activities of the hospital exchange. He may be also designated reconditioning officer and as such supervises reconditioning activities such as physical exercises, drill, etc.

(3) *Attached teams.* Various "teams" or detachments of other than Medical Department troops may be attached if available and needed to perform certain special tasks. These teams may be assigned to work separately under the hospital headquarters or under one of the existing hospital services or sections.

(a) *Red Cross personnel.* Civilian personnel of the American Red Cross may be attached to carry out welfare work among the patients, arrange for shows, provide personal services, etc.

(b) *Laundry team.* A laundry team may be attached to provide laundry service for hospital wards, hospital personnel, and patients. It may operate under the utilities officer or under the general supply officer.

(c) *Signal team.* A signal team may be attached to provide intrahospital telephone service. It may operate under the utility officer.

(d) *Refrigeration team.* A refrigeration team may be attached to operate air conditioning equipment to air condition operating rooms and wards if desirable and feasible. It may operate under the utilities officer.

(e) *Military police team.* A military police team may be attached to guard prisoner patients, regulate traffic, or to perform other duties as designated. It may operate under the security officer.

(f) *Postal team.* A postal team may be attached to establish an Army post office (APO) for the distribution of mail and other postal activities for personnel of the hospital and patients. It may operate under the postal officer (hospital adjutant).

(g) *Finance team.* A finance team may be attached to provide finance service for the pay of both military

personnel and any civilians that may be employed by the hospital.

(h) *Mess team.* A mess team may be attached if needed to supplement the organic mess personnel. It would then operate under the mess officer.

(i) *Sanitary team.* A sanitary team may be attached to provide labor for sanitary measures such as mosquito or fly control or for other duties about the hospital as designated by the hospital commander.

(4) *Administrative officer of the day.* The administrative officer of the day has the same functions as the administrative officer of the day of the station hospital. He is designated by roster from officers of the administrative division.

(5) *Professional services.* (a) *Surgical service.*

1. This service is headed by a Medical Corps officer who assigns officer personnel, designates the type of cases to be treated on each surgical ward and is responsible for the conduct of the operative procedures, ward professional work and administration of the surgical wards. He performs surgical procedures and acts as surgical consultant for the hospital. The service is made up of several sections each of which is headed by a Medical Corps officer. The sections have in general the same functions as corresponding sections of the station hospital and may be organized as follows:

(a) General surgical section.

(b) Orthopedic section.

(c) Physiotherapy section.

(d) EENT section.

(e) Septic surgery section.

(f) Urology section.

(g) Neuro-surgery section.

(h) Thoracic surgery section (in 2,000-bed hospitals only).

(i) Anesthesia and operating section.

2. The section chiefs may act as consultants appropriate to their section if authority is

delegated by the chief of the surgical service. Ordinarily there is no outpatient treatment. Personnel of the surgical service may be augmented by surgical teams if necessary. (See ch. 18.) More elaborate and difficult surgical procedures may be done than in the station hospital. The physiotherapy section has female commissioned physiotherapists and ordinarily operates under supervision of the orthopedic section.

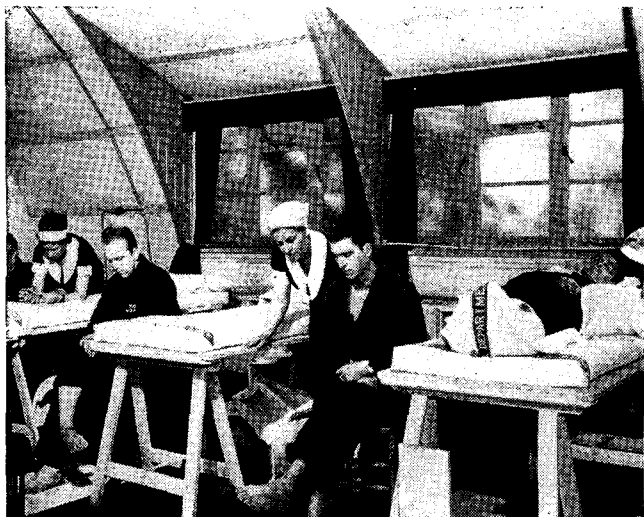


Figure 139. Physiotherapy ward of general hospital in North Ireland.

(b) Medical service.

1. This service is headed by a Medical Corps officer and has in general the same functions as the medical service of a station hospital. It may be organized into the following sections each headed by a medical officer:
 - (a) General medical section.

- (b) Communicable disease section.
 - (c) Neuropsychiatric section.
 - (d) Gastro-intestinal section.
 - (e) Cardiovascular section.
 - (f) Allergy section.
 - (g) Dermatology and venereal disease section.
 - (h) Out-patient and pharmacy section.
2. The section chiefs may act as consultants appropriate to their section if authority is delegated by the chief of the medical service. The neuropsychiatric section is sometimes organized as a separate service. The chief of the neuropsychiatric section is assisted by commissioned psychologists (not medical officers).
 3. The out-patient and pharmacy section may be a separate section of the medical service. However, usually there is little out-patient treatment as most patients are admitted to the hospital. A dispensary for hospital personnel may be operated in conjunction with the receiving office.

(c) *X-ray service.* This service is headed by a medical officer assisted by another medical officer. The chief of service should be experienced in X-ray therapy. The service is charged with the taking of X-rays both in the department and on the wards, fluoroscopy, foreign body location, X-ray therapy, processing of films, the interpretation of films, and the keeping of appropriate records.

(d) *Laboratory service.* This service is headed by a medical officer and is composed of three sections:

1. *Clinical laboratory section.* This section is supervised by the chief of service and is charged with routine urinalyses and blood counts, pathology and microscopic sections, and autopsies.
2. *Bacteriology and serology section.* This section performs all bacteriological and serological tests, including Wassermans and Kahns.

3. *Biochemical section.* This section performs all biochemical tests such as blood sugars, nonprotein nitrogen, etc.

(e) *Dental service.* This service is headed by a dental officer and includes a prosthodontist, oral surgeon, and others with enlisted assistants. The service is charged with the conduct of all dental procedures including X-ray and laboratory work, and the keeping of dental records. Ordinarily it cares only for patients in the hospital. The chief of service acts as dental consultant.

(f) *Pharmacy service.* This service is supervised by an officer designated by the hospital commander and usually operated by a noncommissioned officer. The pharmacy is charged with the preparation and issue of drugs and prescriptions and the keeping of prescription files and narcotic records. It may operate under control of the receiving and evacuation department.

(6) *Professional officer of the day.* This officer has the same functions as the professional officer of the day of the station hospital. He is designated by roster from officers of the professional services. A dental and a surgical officer of the day may also be appointed.

228. INSTALLATION. The unit establishes a 1,000-bed, 1,500-bed or 2,000-bed hospital, according to the T/O under which it is organized. (See fig. 140.) The same problems and principles are involved as for the station hospital, except that receiving and evacuation facilities must be larger and capable of handling many cases at a time. However the location of the general hospital depends on transportation facilities to the front and rear such as roads, railroads, and port facilities. If canvas is to be used, the same principles apply as for the evacuation hospital. If new construction is contemplated, a plan should be drawn up in conjunction with the Corps of Engineers.

229. EQUIPMENT (see T/O & E 8-550). The equipment of a general hospital is approximately the same as

for a station hospital of similar size. In addition, the laboratory has equipment for preparing microscopic sections and for taking basal metabolic rates. The dental service has better X-ray equipment. The EENT section has a sinusoidal machine, and there are a few other facilities not supplied to a station hospital.

230. TRANSPORTATION. The transportation is sufficient only for routine administration of the hospital and cannot move the equipment. Ambulances make local calls to dispensaries, etc., but are not sufficient for large scale admissions or evacuations. Transportation consists of ambulances, 1-ton and $\frac{1}{4}$ -ton trailers, 250-gallon water trailers, $\frac{1}{4}$ -ton trucks, $\frac{3}{4}$ -ton carry-alls, $1\frac{1}{2}$ -ton cargo trucks, $1\frac{1}{2}$ -ton dump truck, and $2\frac{1}{2}$ -ton cargo trucks. First and second echelon maintenance is carried out by personnel of the transportation section.

231. TRAINING. Training is similar to the training of the station hospital.

232. ADMINISTRATION. **a. Personnel.** Morning reports and other personnel reports are submitted to communication zone headquarters as directed. Patients are carried as attached to the hospital in the detachment of patients. Service records of patients are kept by the commanding officer, detachment of patients. The hospital operates directly under communications zone headquarters, unless it is part of a hospital center.

b. Medical. The Sick and Wounded Report and statistical reports are submitted to the communication zone surgeon. Other reports are submitted as directed. (See par. 224.)

c. Supply. (1) Class I supplies are automatic, being drawn daily by the general supply officer at a designated supply point in the communication zone. He in turn issues them to the mess officer.

(2) Medical supplies are obtained from the communication zone medical depot by requisition, by drawing

upon established credits, or by informal memorandum. Delivery of medical supplies is effected by sending hospital transport directly to the depot or by shipment from the depot by rail or truck.

(3) Other supplies are obtained by requisition on the nearest depot of the branch concerned.

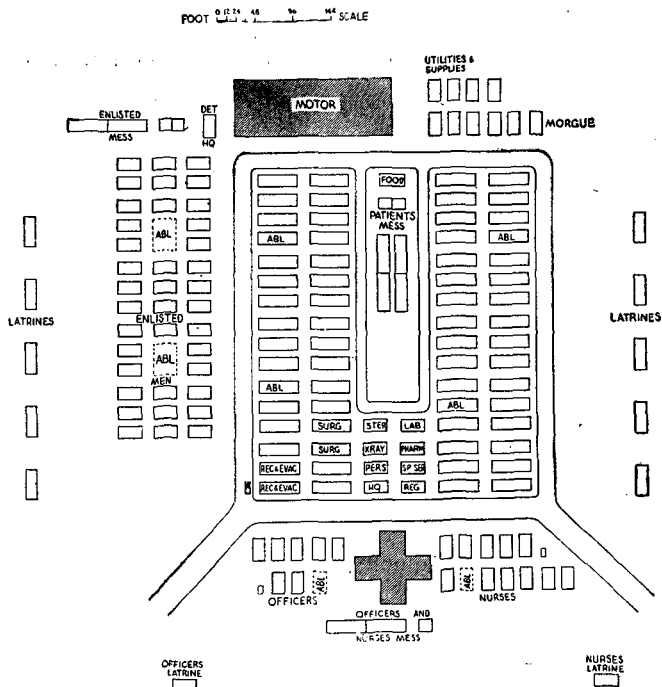


Figure 140. Conventional arrangement of a 1,000-bed general hospital under T/E canvas.

d. Care of sick and injured. The receiving and disposition service acts as dispensary for personnel of the hospital. Hospitalization is on the appropriate ward.

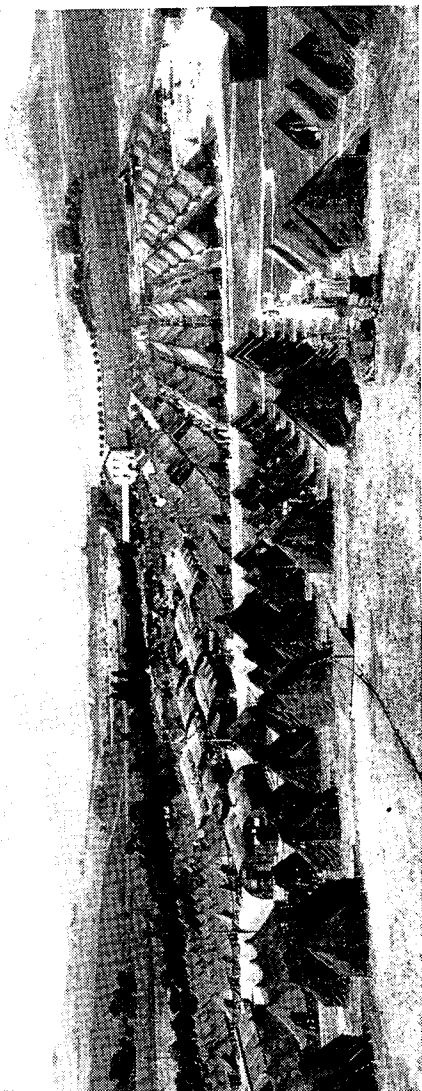


Figure 141. General hospital established under canvas, Constantine, North Africa. (Nurses' tents are in foreground, wards and operating huts in center, enlisted men's tents in background.)

GENERAL HOSPITAL (NP)

233. ORGANIZATION. The general hospital (NP) is organized primarily for the care of neuropsychiatric patients. Its organization is similar to that of the general hospital except for the professional services. The medical and surgical services are small and not divided into

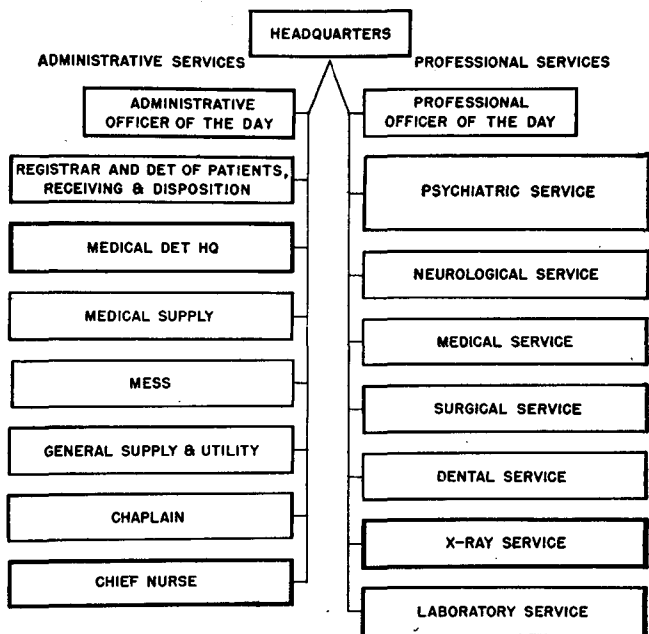


Figure 142. Organization of general hospital (NP).

sections. There are two new services: the neurological, and the psychiatric which is by far the largest part of the hospital. (See fig. 142.)

234. FUNCTION. a. General. This hospital furnishes fourth echelon care for neuropsychiatric casualties. It

receives its patients primarily from evacuation hospitals and treats them if it is estimated that they can be returned to duty within a specified period (usually 180 days). If they cannot be returned to duty within the period, they are evacuated to general hospitals in the zone of the interior. The general hospital (NP) may be one of the general hospitals of a hospital center and be designated to treat all NP patients admitted to the center.

b. Special. (1) *Headquarters.* The headquarters is approximately the same as that of the general hospital.

(2) *Administrative services.* These services are approximately the same as those of the general hospital.

(3) *Professional services.* (a) *Psychiatric service.* This service is headed by a medical officer (psychiatrist). It is the largest service in the hospital and will care for the bulk of the patients of the hospital. Besides the chief of service, there are twenty-three Medical Corps officers and one psychologist (not a medical officer).

(b) *Neurological service.* This service is headed by a medical officer (a neurologist) assisted by two other medical officers. It cares for all neurological cases in the hospital.

(c) *Medical service.* This service is headed by a medical officer assisted by two other medical officers. Its main function is to care for medical complications occurring in the neuropsychiatric patients.

(d) *Surgical service.* This service is headed by a Medical Corps officer assisted by two other Medical Corps officers. Its main function is to care for surgical complications occurring in the neuropsychiatric patients.

(e) *Dental service.* This service is headed by a dental officer assisted by another dental officer. Its main function is to care for dental complications occurring in the neuropsychiatric patients.

(f) *X-ray service.* This service is headed by a medical officer assisted by another medical officer. It performs X-ray requirements of neuropsychiatric patients.

(g) *Laboratory service.* This service is headed by a medical officer assisted by another medical officer. It performs laboratory work for neuropsychiatric patients.

(h) *Professional officer of the day.* Performs professional duties and assumes professional responsibility during off-duty hours. He is chosen by roster from officers of the professional services.

235. INSTALLATION. The unit establishes a 1,000-bed hospital. The installation is the same as that for a general hospital except that there must be facilities for confinement of violent patients and a good fence or guard around the entire hospital.

236. EQUIPMENT. The equipment for the general hospital (NP) is the same as that for a general hospital with the addition of several neuropsychiatric instruments, such as tuning forks, spinal needles, otoscope and ophthalmoscope, audiometer, percussion hammers, spinal manometers, perimeter, barany chair, camisole jackets, electroencephalograph, and continuous flow tubs.

237. TRANSPORTATION. Transportation is sufficient only for routine administration of the hospital and cannot move the equipment. It consists of ambulances, 250-gallon water trailers, and light and heavy trucks. First and second echelon maintenance is carried out by personnel of the transportation section.

238. TRAINING. Training is similar to that of the station hospital except that personnel of the neurological and psychiatric services will need more special training in the handling of psychiatric patients and equipment therefor. Preferably this training should be obtained in the neuropsychiatric section of a fixed hospital in the zone of the interior.

239. ADMINISTRATION. Administration is the same as that for a general hospital.

Section IV. HOSPITAL CENTER

240. GENERAL. A hospital center consists not only of a "hospital center" as prescribed in T/O & E 8-500 but also of two or more general hospitals and other units. This grouping has the following advantages over a general hospital alone:

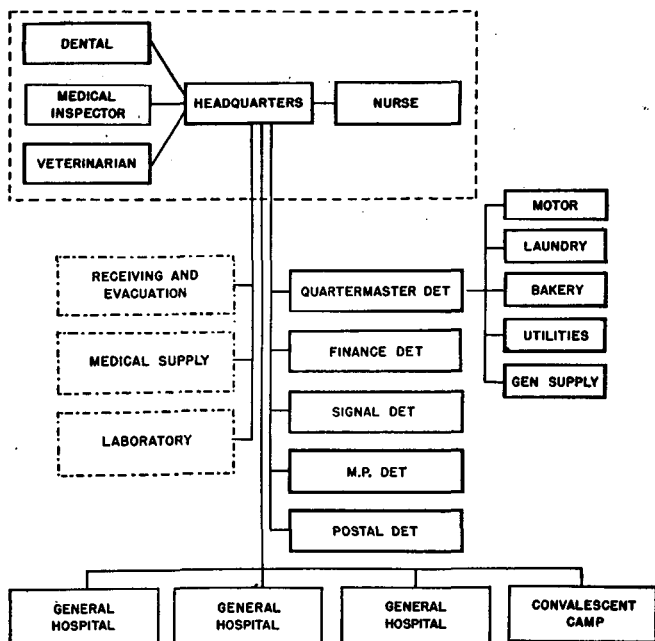
a. By means of pooling, economy of administration and utility of personnel and facilities are obtained.

b. Increased specialization in treatment of patients is made possible by assigning certain type cases to a certain general hospital. Usually at least three hospitals must be included in the center to justify the additional personnel required. The size of the center however must not be so great as to overload the housing, sewage, water, or other facilities existing at that location. The hospital center functions under the communications zone surgeon.

241. ORGANIZATION. The "hospital center" (see T/O & E 8-500 AF) consists only of a headquarters and special staff personnel such as dental officer, veterinarian, medical inspector, and a nurse. Attached to the center are two or more general hospitals (T/O & E 8-550), usually a convalescent camp, and detachments of other branches such as quartermaster, finance, etc. (See fig. 143.) Certain sections of the general hospitals may be centralized under center headquarters for economy of operation. These include laboratory, receiving and evacuation, and medical supply sections.

242. FUNCTION. **a. General.** A hospital center performs the same functions as a general hospital (see sec. III); that is, performs fourth echelon medical service. The "hospital center" in T/O & E 8-500 performs command and administrative functions for the hospitals that make up the center.

b. Special. (1) *Headquarters.* (a) The commanding officer is responsible for the organization, operation, administration, and discipline of the entire center. He acts as "post" commander and is especially concerned with housekeeping activities of guard, administration,



--- *INCLUDED IN T/O & E 8-500 (HOSPITAL CENTER, AF)

--- *IMPROVED FROM GENERAL HOSPITALS

Figure 143. A typical hospital center.

supply, etc., and construction of buildings and facilities. He maintains liaison with the communications zone surgeon regarding the condition of the center, its incoming patients, and its need for hospital trains and ambulance elements.

(b) The executive officer is principal assistant of the commander and supervises the work of the remainder of the staff.

(c) The adjutant, usually assisted by a warrant officer (personnel officer), sergeant major, chief clerk (personnel clerk), and other clerks both from headquarters and from the attached detachments, performs routine administration for the center including correspondence, preparation of orders, personnel administration, consolidation of reports, etc. General hospitals perform their own personnel administration.

(2) *Dental officer.* A dental officer coordinates and acts as consultant for the several dental services of the hospitals assigned to the center. He performs dental administration for the center and acts as special staff officer to the center commander.

(3) *Veterinarian.* Assisted by a technician, a veterinary officer performs special staff work for the center commander, inspects meat and dairy products used by the center, and performs veterinary administration.

(4) *Medical inspector.* An officer is charged with inspections of sanitary conditions in the entire center including hospital wards. He submits periodic reports of his findings to the center commander. He may also be charged with inspection of prescription files and narcotic and ward records.

(5) *Nurse.* A nurse coordinates and supervises the activities of the nurses assigned to the hospitals of the center. She acts as special staff officer for the center commander and performs Army Nurse Corps administration.

(6) *Attached detachments or "teams" of other branches.* These detachments or teams usually are organized under the 500-series of T/O's of different branches of the Army Service Forces.

(a) *Quartermaster detachment.*

1. This detachment assisted by appropriate personnel detached from the hospitals, is charged with the following activities:

- (a) Operation of the center motor pool including second and third echelon maintenance of vehicles. Motor personnel of the hospitals may be incorporated into the motor pool for both operation and maintenance.
- (b) Operation of a center bakery to supply bread and pastry to the entire center.
- (c) Operation of a laundry to supply laundry facilities for the entire center and the operation of a laundry exchange.
- (d) Maintenance and operation of all center utilities including sewage system, electric system, water system, steam system, heating system, etc.
- (e) Acting as "post" supply office for all except medical supplies. Supplies, including rations, are requisitioned from this office, called for at the various supply points, and stored at the quartermaster warehouse. All units then obtain all (except medical) supplies from this office.

2. Personnel of supply, utility, and motor sections of general hospitals may be pooled with the quartermaster detachment.

(b) *Finance detachment.* This detachment is charged with the pay of all troops and any civilian personnel in the center. Pay rolls are prepared by unit personnel offices.

(c) *Signal detachment.* This detachment is charged with the maintenance and operation of all communication facilities of the center including telephone, telegraph systems, and message centers.

(d) *Military police detachment.* This detachment is charged with maintenance of a police and traffic control force and guardhouse for the center. Guard personnel are furnished by the various units of the center.

(e) *Postal detachment.* This detachment is charged with maintenance of an Army post office (APO) for the center.

(7) *Receiving and evacuation office.* Personnel from the receiving and evacuation sections of the general hospitals assigned to the center may be pooled and, under control of center headquarters and the senior officer of the sections, operate a single receiving and evacuation department for the entire center. Its functions for the entire center would then be the same as the corresponding section of an independent general hospital. (See sec. III.)

(8) *Medical supply.* Personnel from the medical supply sections of the general hospitals assigned to the center and enlisted personnel of "hospital center" headquarters, may be pooled and, under control of center headquarters and the senior medical supply officer, operate a single medical supply section for the entire center. It would then function as a "post" medical supply office, requisitioning supplies from a communications zone depot, calling for the supplies, and storing them. Units then obtain all medical supplies from this section.

(9) *Laboratory.* With a laboratory officer provided in T/O & E 8-500, the laboratory sections of the general hospitals assigned to the center may be pooled to operate a center laboratory under control of center headquarters and the senior laboratory officer. All hospitals of the center would then submit laboratory requests to the center laboratory.

(10) *General hospitals.* From two to ten general hospitals may be assigned to the center. Each hospital (minus supply, motor, utility, laboratory, and receiving and evacuation personnel) may be charged with the care of specific types of cases; one for orthopedic cases, one for malaria, one for neuropsychiatric cases, etc. Each hospital carries out its own internal administration and sick and wounded records. Each general hospital has a capacity of 1,000 or more beds so that the bed capacity of the center is determined by the number of general hospitals assigned to it.

(11) *Convalescent camp.* A convalescent camp may or may not be set up in conjunction with the center. Patients needing little or no hospital care but not ready

for duty may be organized into convalescent companies (see sec. II, ch. 9) and receive instruction and training in military subjects. They go through a conditioning program to enable them to return to duty in fit condition, mentally and physically.

243. INSTALLATION. The hospital center is a tremendous establishment and should be housed in permanent or temporary buildings or floored tents with adequate sewage, water, and electrical facilities. The center is usually located near the main port of debarkation of the theater of operations and on good transportation facilities to the front by road or rail and to the rear by ship and port facilities or by rail. The same principles of internal arrangement apply as for a separate general hospital, except that messing facilities may be decentralized.

244. EQUIPMENT. Equipment of the "hospital center" (T/O & E 8-500) (center headquarters) includes the following:

- a. Field equipment issued any field organization.
- b. Tables, chairs, typewriters, duplicator, safe, and other office equipment.
- c. A small wall tent.

245. TRANSPORTATION. Transportation of the Hospital Center (T/O & E 8-500) (center headquarters) is sufficient only for routine administration of the center headquarters. Transportation usually is pooled under the quartermaster motor officer and receives maintenance operations there.

246. TRAINING. a. **Individual.** Besides basic training, the following technicians must be trained by the unit or in special schools: supply personnel, clerks, stenographers, meat and dairy inspector, and drivers.

b. **Unit.** When individual training has progressed far enough for the men to profit thereby, members of a

section should receive instruction and practice in operation of the section to which the group is assigned. "On the job" training may be used.

c. Combined training. This training is obtained "on the job" with assigned general hospitals. The unit may act as a training headquarters for general hospitals.

247. ADMINISTRATION. a. Personnel. Morning reports and other reports are submitted by each general hospital and detachment through the center headquarters to the communications zone headquarters. Personnel records and forms for detachments may be kept and prepared at the center personnel office with the assistance of clerks from the detachments.

b. Medical. Sick and wounded and statistical reports are prepared by each individual general hospital and forwarded to the communications zone surgeon through the center headquarters. (See par. 232.)

c. Supply. (1) Class I supplies are drawn daily by the quartermaster detachment attached to the center and distributed to unit messes.

(2) Medical supplies are obtained by the center medical supply officer from the communications zone medical depot by requisition through the communications zone surgeon. The center medical supply officer acts as a "post" medical supply officer and stores medical supplies, distributing them to the general hospitals as needed. Medical supplies are procured by sending center vehicles to the medical depot or to the nearest railhead or truckhead.

(3) Other supplies are obtained by the quartermaster by requisition on the nearest depot of the branch concerned.

d. Care of sick and injured. The receiving and disposition office acts as dispensary for personnel of the center. Hospitalization is in the appropriate hospital and ward.

CHAPTER 18

PROFESSIONAL SERVICE UNIT

248. ORGANIZATION. The professional service unit is made up of one headquarters professional service unit AG (see T/O & E 8-500) and 24 or more professional service detachments (or teams) (see T/O & E 8-500). Mess and mechanic teams may be attached.

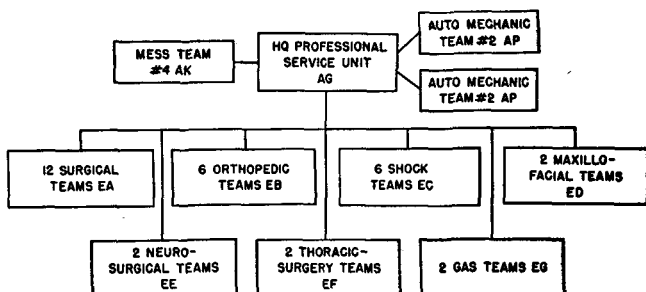


Figure 144. A typical professional service unit.

249. FUNCTION. a. General. A professional service unit is usually held at the Medical Department concentration center and teams sent forward as required. The teams are sent out for temporary duty at hospitals in the combat or communications zone. They reenforce the surgical services of evacuation, field, station, general, or other hospitals and, at times, clearing stations. If field or station hospitals are called upon to act as evacuation hospitals they must be reenforced by surgical teams, as their surgical services are small and unable to cope with large numbers of casualties. When the need for surgical reenforcement arises or is anticipated in any hospital, the hospital commander informs his superior

(army surgeon or communications zone surgeon) who in turn makes arrangements for the temporary attachment of surgical teams through proper channels. When working in a hospital, the teams operate under direction of the chief of surgical service or section of the hospital. Several teams may be assigned to one hospital in numbers and ratio according to the need of the hospital. Each team takes its own special instruments (special

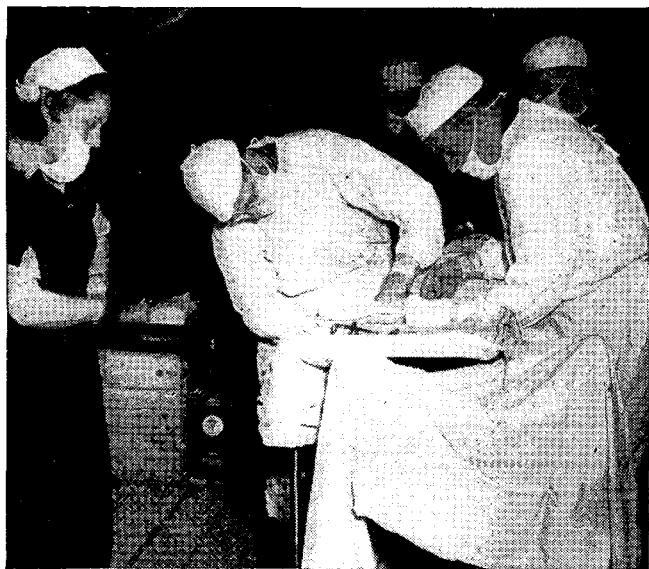


Figure 145. General surgical team at work in an evacuation hospital in North Africa.

neurosurgical instruments for the neurosurgery team) and every two teams have a special 2½-ton operating truck containing sterilizing facilities, tentage, and other equipment to establish an operating section. For illustrations of this truck and tent, see chapter 5. A single team may operate utilizing the facilities of the hospital to which attached.

v **b. Special.** (1) *Headquarters professional service Unit (AG).*

(a) This "team" furnishes command and administration including supply but not motor maintenance or mess, while at the Medical Department concentration center for 24 or more professional service teams. A mess team and a mechanic may be attached to perform mess and motor maintenance functions. (See fig. 144.)

1. The commanding officer, a Medical Corps officer, should be a surgeon with sufficient training and background to enable him to appreciate and deal with problems incident to the operation of the surgical teams, to satisfy himself that the teams are operating in accordance with principles laid down by The Surgeon General and other higher surgeons, and to be sure that surgeons, anesthetists, nurses, and enlisted technicians are competent. He is responsible for the administration, command, discipline, and, to some extent, training and operation of the unit. He assigns personnel and is responsible for standard operative procedures. He is directly responsible to the communications zone surgeon.
 2. The executive officer is principal assistant to the commander, acts for him in his absence, and acts on matters for which a policy has been established.
 3. The adjutant is charged with the routine administration of headquarters including orders and correspondence. He is assisted in these duties by sufficient noncommissioned personnel.
 4. Assistant adjutant is charged with personnel administration and supervision of supply and (if attached) mess and motor maintenance teams. He is assisted in these duties by supply noncommissioned officers and clerks.
- (b) The "team" is equipped with the following:
1. Field equipment issued any field organization (no mess equipment).

2. Chairs, desks, tables, and typewriters. Transportation includes light trucks which are sufficient for routine administration (supply) only.

(2) *Surgical teams (EA)*. These teams each consist of a general surgeon, assistant surgeon, officer anesthetist, a scrub nurse, and three enlisted surgical technicians. They are charged with carrying out major surgery of a general nature. They ordinarily do only surgery and do not care for patients on surgical wards. The teams are equipped with the following:

(a) Field equipment issued any field organization (no mess equipment).

(b) One "Unit Equipment, General Surgical" (9733006). This equipment list contains the following items:

1. Complete anesthesia set for all types of anesthesia.
2. A basic instrument set containing a complete set of instruments for major general surgery.
3. Miscellaneous surgical instruments, catheter, etc.

(c) For every two teams, a 2½-ton surgical operating truck and trailer containing the following:

1. Expendable items (drugs, dressings, etc.) for 100 major surgical operations, and cabinets.
2. Three operating stands for litters.
3. Operating caps, gowns, and gloves.
4. Autoclaves and autoclave drums.
5. Two basic instruments sets.
6. Special chest, orthopedic and genito-urinary surgical instrument sets.
7. Two anesthesia sets.
8. Shock team set.
9. Blankets, splints, and litters.
10. Water heater.
11. Operating lamps and instrument tables.
12. Other miscellaneous equipment.

(d) Surgical operating tent which attaches to the surgical truck and in which the actual surgery is performed. (See fig. 67.) Transportation normally includes one

1½-ton cargo truck and for every two teams one 2½-ton surgical truck and 1-ton trailer. It is sufficient to carry personnel and equipment.

(3) *Orthopedic teams (EB)*. These teams each consist of an orthopedic surgeon, an assistant orthopedic surgeon, an officer anesthetist, a nurse, and enlisted surgical technicians. They are charged with definitive treatment of orthopedic cases including debridement if necessary, plaster casts, skeletal traction and other procedures. The teams are equipped with the following:

(a) Field equipment issued any field organization (no mess equipment).

(b) One "Unit Equipment Orthopedic" (9733010). This equipment list contains the following items:

1. Complete anesthesia set.
2. Basic instrument set.
3. Orthopedic instrument set.
4. Miscellaneous surgical instruments.

(c) For every two teams a 2½-ton surgical operating truck and tent. (See (2) above.)

(d) Surgical operating tent. (See (2) above.) Transportation normally includes one 1½-ton cargo truck and for every two teams one 2½-ton surgical truck and 1-ton trailer. It is sufficient to carry personnel and equipment.

(4) *Shock teams (EC)*. These teams each consist of an officer specially trained in the treatment of shock, a nurse, and two enlisted surgical technicians. They are charged with the treatment of casualties in shock utilizing plasma, blood, concentrated plasma, saline and glucose solutions, drugs, shock blocks, blankets, and other available equipment. They may be put in charge of shock wards of evacuation hospitals. The teams are equipped with the following:

(a) Field equipment issued any field organization (no mess equipment).

(b) One "Unit Equipment Shock" (9733012). This equipment list contains the following items: one shock set containing syringes, morphine, procaine, sphygmoton-

ometer, stethoscope, hemoglobometer, rubber tubing, needles, etc. Transportation includes a light truck. It is sufficient to carry personnel and equipment.

(5) *Maxillo-facial teams (ED)*. These teams each consist of a dental surgeon, a plastic surgeon, an officer anesthetist, a nurse, an enlisted dental technician, and two enlisted surgical technicians. They are charged with carrying out definitive treatment of face and jaw wounds and fractures. All wounds of this type should be treated by one of these teams if possible to insure the best ultimate results. The teams are equipped with the following:

(a) Field equipment issued any field organization (no mess equipment).

(b) One "Unit Equipment Maxillo-facial" (9733008). This equipment list includes the following items:

1. Complete anesthesia set.
2. Basic instrument set.
3. Orthopedic instrument set.
4. Maxillo-facial instrument set.
5. Miscellaneous surgical equipment.

(c) For every two teams, a 2½-ton surgical operating truck and tent. (See (2) above.) Transportation normally includes one 1½-ton truck and for every two teams, one 2½-ton surgical truck, and 1-ton trailer. It is sufficient for personnel and equipment.

(6) *Neuro-surgical teams (EE)*. These teams each consist of a neuro-surgeon, an assistant neuro-surgeon, an officer anesthetist, a nurse and enlisted surgical technicians. They are charged with carrying out definitive neuro-surgical treatment including treatment of brain, spinal cord, and peripheral nerve injuries. All such cases should be treated by one of these teams if possible to insure the best ultimate results. The teams are equipped with the following:

(a) Field equipment issued any field organization (no mess equipment).

(b) One "Unit Equipment Neuro-surgical" (9733009). This equipment list includes the following items:

1. Complete anesthesia set.
2. Basic instrument set.
3. Neuro-surgical instrument set.

(c) For every two teams, a 2½-ton surgical operating truck and tent. (See (2) above.) Transportation normally includes one 1½-ton truck, and for every two teams, one 2½-ton surgical truck and 1-ton trailer. It is sufficient for personnel and equipment.

(7) *Thoracic-surgical teams (EF)*. These teams each consist of a thoracic surgeon, an assistant thoracic surgeon, an officer anesthetist, a nurse, and three enlisted surgical technicians. They are charged with carrying out definitive surgical treatment for casualties who have received chest injuries of any type. All such cases should be treated by one of these teams if possible to insure good ultimate results. The teams are equipped with the following:

(a) Field equipment issued any field organization (no mess equipment).

(b) One "Unit Equipment Thoracic-Surgical" (9733014). This equipment includes the following items:

1. Complete anesthesia set.
2. Basic instrument set.
3. Chest instrument set.

(c) For every two teams, a 2½-ton surgical operating truck and tent. (See (2) above.) Transportation normally includes one 1½-ton truck, and for every two teams, one 2½-ton surgical truck and 1-ton trailer. It is sufficient for personnel and equipment.

(8) *Gas teams (EG)*. These teams each consist of a Medical Department officer, two noncommissioned officers, and a number of enlisted technicians. They provide oxygen therapy for lung irritant casualties being cared for in improvised gas sections of existing medical

installations, reenforcing already established gas treatment sections in hospitals, hospital clearing stations, etc. This is the only function. There is no equipment for any other type of treatment. The teams are equipped with the following:

(a) Field equipment issued any field organization (no mess equipment).

(b) One "Unit Equipment Gas" (973305). This equipment includes the following items:

1. Oxygen cylinders (filled).
2. Oxygen therapy apparatus and hose outlets.
(See fig. 146.)
3. First-aid kits.

(c) Squad tent.

(d) Transportation includes heavy and light trucks and trailers. It is sufficient for personnel and equipment.

250. EQUIPMENT AND TRANSPORTATION. See paragraph 249.

251. TRAINING. **a. Individual.** Personnel of the unit are almost all technicians, most of whom are rated. Besides basic training for all personnel, technicians should be trained in special technicians' schools or in fixed hospitals. Emphasis should be placed on setting up for and assisting at surgical operations. Officer personnel must be well qualified in their respective assignments. They should have had previous experience in their field but may receive additional training in special courses conducted for the purpose at Army or civilian hospitals.

b. Unit. Unit training is most important. Individuals assigned to a team should remain with the same team and learn to work together closely and amicably. Each should know his own duties and relationship with the others. Training should include setting up the surgical tent and the use of the surgical truck equipment.

c. Combined. Combined training is unimportant.

252. ADMINISTRATION. a. Personnel. The unit carries out administration comparable to that of a separate company. Headquarters submits morning reports and other personnel reports to Medical Department concentration center or other higher headquarters as directed.

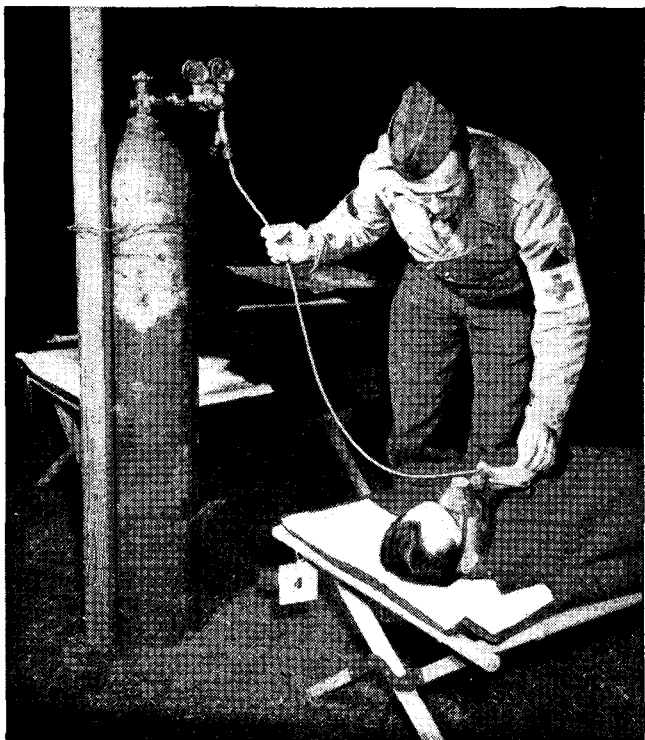


Figure 146. Oxygen therapy apparatus in use.

b. Medical. The unit does not ordinarily submit a Sick and Wounded Report or Statistical Report. Medical reports on the activities of the teams are submitted as directed.

c. Supply. (1) If a mess team is attached to the unit, Class I supplies are drawn without requisition by the supply noncommissioned officer at a designated supply point and turned over to the mess team.

(2) Medical supplies are obtained by requisition on the communications zone medical depot. Delivery is made by sending a unit vehicle direct to the depot. Some medical supplies may be obtained by teams from hospitals to which they may be attached.

(3) Other supplies are obtained by requisition through channels on the nearest depot concerned.

d. Care of sick and injured. Since no dispensary equipment is authorized, personnel of the unit are attached for medical purposes to the nearest unit operating a dispensary. This may be a general dispensary or the hospital to which the team is attached.

CHAPTER 19

GENERAL LABORATORY

253. ORGANIZATION (see T/O & E 8-500 HA). The general laboratory is made up of a headquarters, a group of administrative sections (mess attached), and a group of professional sections.

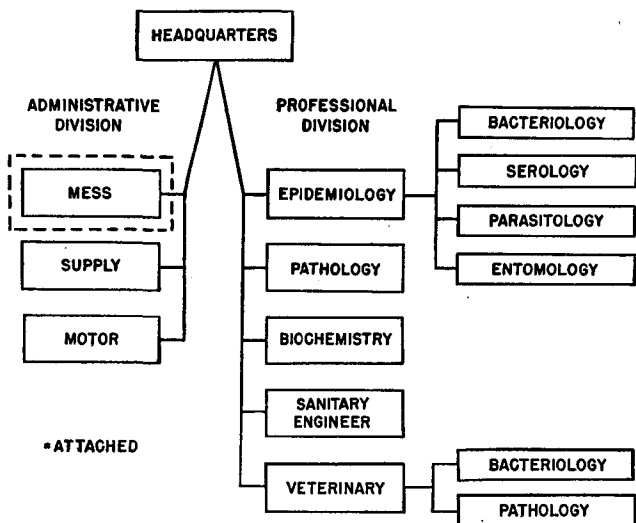


Figure 147. Functional organization of a medical general laboratory.

254. FUNCTION. **a. General.** One general laboratory is assigned to a theater of operations if the size of the force in the theater justifies it. It is nonmobile. It conducts epidemiological studies, researches, technical

inspections, and investigations. Specially trained individuals are sent to various parts of the theater of operations to make epidemiological investigations or assist in the control of an epidemic of serious nature or proportions. The laboratory manufactures and standardizes sera, standard chemical solutions, bacterial antigens, stains, biologicals, etc. It distributes pertinent technical literature on disease control and laboratory methods. It standardizes all technique and material for all laboratory service (hospital and medical laboratory) in the theater of operations. To carry out these functions, the laboratory should be located in a spot central from a service viewpoint and where adequate facilities (shelter, water, heat, etc.) are available as in a school, public health building, etc. Requests for laboratory tests, surveys, etc., may come from unit surgeons, medical inspectors, or medical units.

b. Special. (1) *Headquarters.* (a) The laboratory commander is responsible for the administration, training, discipline, and operation of the laboratory in all situations. Although his main duties are administrative, he should be thoroughly trained in all general laboratory work and epidemiology so as to supervise properly the activities of the various sections. He assigns personnel and is responsible for recommending standard procedures, and the recommendation of commercial products or those produced by the laboratory. He is directly responsible to the communications zone or theater surgeon as directed.

(b) An officer is the administrative assistant of the commander and may be charged with the routine administration of headquarters including incoming and outgoing orders and reports and correspondence. He may be charged with personnel administration including pay rolls, service records, etc. He may be designated "detachment commander" and carry out all administration concerning the enlisted men. Assisted by sufficient noncommissioned personnel, he carries out company administration.

(2) *Professional division.* (a) *Epidemiology section.* This section commanded by a Medical Corps officer makes epidemiological studies, assists in the control of epidemics and identifies organisms, parasites, insects, and immune sera sent by other medical organizations or authorized individuals. The section is divided into four subsections.

1. *Bacteriology subsection.* This subsection is commanded by an officer trained in bacteriology assisted by two other officer bacteriologists, a non-commissioned officer, and technicians. The subsection is charged with identification of bacteria found in cultures, specimens, and water samples sent in by organizations in the theater. It may also prepare bacterial antigens for use in the theater.
2. *Serology subsection.* This subsection is commanded by an officer trained in serology, assisted by two other officer bacteriologists, a noncommissioned officer, and technicians. The subsection is charged with the performance of serological tests (Kahn, Wasserman, agglutination, etc.) on material sent in by other organizations in the theater, the preparation of sera, and other serological functions.
3. *Parasitology subsection.* This subsection is commanded by an officer trained in parasitology assisted by enlisted technicians. It is charged with identification of human parasite specimens sent in by other organizations in the theater, making recommendations for the treatment of infected individuals and prevention of infection.
4. *Entomology subsection.* This subsection is commanded by an officer trained in entomology assisted by another officer entomologist, a non-commissioned officer and technicians. It is charged with the identification of insects sent in by other organizations in the theater, the making of field surveys and recommendations for combating insects and insect-borne diseases.

(b) *Pathology section.* This section is commanded by a medical officer trained in pathology, assisted by another officer pathologist, a noncommissioned officer, and technicians. It is charged with the examination of specimens sent in by other organizations in the theater, the preparation of microscopic sections and their diagnosis, and preparation of pathological specimens for shipment to the Army Medical Museum.

(c) *Biochemistry section.* This section is commanded by an officer trained in biochemistry, assisted by two other officer biochemists, and enlisted technicians. It is charged with the conduct of biochemical tests on specimens sent in by other organizations in the theater or obtained in a survey, the preparation of standard chemical solutions, and other chemical functions. It may also conduct toxicological tests as requested.

(d) *Sanitary engineering section.* This section is commanded by an officer trained in sanitary engineering, assisted by another officer and enlisted technicians. It is charged with the making of inspections and recommendations in construction of sanitary appliances and equipment and the installation and development of new appliances and equipment.

(e) *Veterinary section.* This section is commanded by a Veterinary Corps officer assisted by another veterinary officer, a noncommissioned officer, and enlisted technicians. It is divided into two subsections.

1. *Bacteriology subsection.* This subsection is charged with isolation of bacteria in specimens (meat, milk, food, cultures, etc., from sick or wounded animals) sent in by other organizations in the theater.

2. *Pathology subsection.* This subsection is charged with giving technical recommendations on meat inspection, acting as consultant on such matters, and the examination of specimens sent in by other organizations in the theater.

(3) *Administrative division.* An officer may be charged with supervision of mess, motor, and supply

functions. A mess team from T/O & E 8-500 may be attached to the laboratory under the charge of this officer. This officer also acts as unit supply officer requisitioning, storing, and distributing all supplies used by the unit. A noncommissioned officer assists him in this duty. There is no mechanic but operation and first echelon maintenance of vehicles are supervised by this officer.

255. EQUIPMENT. The equipment includes the usual equipment assigned any field organization (no mess equipment), plus a small tent for the laboratory commander, typewriters and one "Unit Equipment, General Laboratory 9727600." This Medical Department equipment list includes elaborate and complete laboratory equipment for carrying out the functions of the laboratory. Among other items it includes dissecting instruments, incubators, autoclaves, many and assorted microscopes and attachments, centrifuges, microtome, elaborate glassware, many drugs and chemicals, and a good medical library.

256. TRANSPORTATION. Motor transportation of the unit is not sufficient to move the equipment or personnel but is sufficient for the administrative function of the unit. It includes $\frac{1}{4}$ -ton trucks, $\frac{3}{4}$ -ton weapon carriers, and a $1\frac{1}{2}$ -ton cargo truck.

257. TRAINING. a. Individual. This is the most important phase of training for the unit. Almost every man is a technician and most should, in addition to basic training, be trained in special technicians' schools or have previous civilian training. Unrated technicians may be trained in the unit's own technical school. (See T/O & E 8-500.) Specific rated technicians who must be highly trained include pathological, bacteriological, serological, chemical, entomological, and veterinary laboratory workers. A stenographer should be familiar

with medical and laboratory shorthand. The usual mess, administrative, motor, and supply technicians must be trained.

b. Unit training. Unit training is subordinate to individual technical training. Technicians in the sections should learn to work together and specific duties be assigned by section heads. Some training in squad tent pitching should be given.

258. ADMINISTRATION. a. Personnel. Unit headquarters submits morning reports and other personnel reports to the communications zone headquarters as directed.

b. Medical. Special medical (laboratory) reports are submitted to the communications zone or theater surgeon as directed. A report form for each specific laboratory test is received in duplicate from authorized units and individuals. The report is filled in, one copy filed at laboratory headquarters, and one sent to the requesting organization or person.

c. Supply. (1) Class I supplies are automatic being drawn daily by the unit supply officer at a designated supply point in the communications zone.

(2) Medical supplies are obtained from the communications zone medical depot by requisition, by drawing upon established credits, or by informal memorandum. Delivery is accomplished by sending laboratory vehicles direct to the depot. The laboratory distributes to hospitals and medical laboratory, special laboratory supplies not distributed through regular channels. These include bacterial antigens, sera, etc., prepared by the laboratory.

(3) Other supplies are obtained by requisition on the nearest depot concerned.

d. Care of sick and injured. Since no dispensary equipment is authorized, personnel of the laboratory are attached for medical purposes to the nearest organization operating a dispensary, frequently a general dispensary.

CHAPTER 20

MEDICAL DEPARTMENT CONCENTRATION CENTER

259. ORGANIZATION. A medical concentration center is composed of a headquarters medical concentration center (see T/O & E 8-500 AE), service detachments of quartermaster, postal, finance and MP services and a number of Medical Department units as attached. (See fig. 148.)

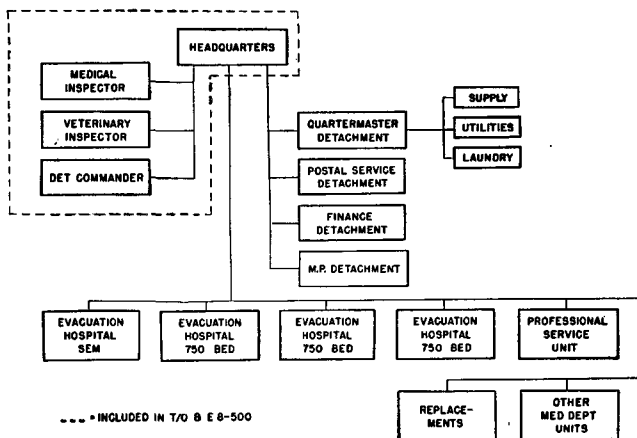


Figure 148. A typical Medical Department concentration center.

260. FUNCTION. a. General. (1) In a small field force, medical replacements, except perhaps in the case of nurses, may be advantageously placed in the general replacement pool, depot, or battalion. With a large field force, however, many advantages are offered if

medical replacements within the communications zone can be grouped in camps or areas controlled by the Medical Department; that is, Medical Department concentration center. A headquarters medical concentration center is usually assigned on the basis of one per theater of operations, if the size of the theater justifies it. It provides overhead for administration of any nondivisional Medical Department units held in reserve, those withdrawn from army for rehabilitation and those arriving from the zone of the interior. All Medical Department troops arriving in a theater of operations, except divisional units and detachments, should be sent to the center unless they are to be assigned immediately to operate an establishment. Each unit stays at the center until its assignment has been determined or the establishment it is to operate is available to it.

(2) Other functions of the center are:

(a) Furnish organizational equipment to units attached to the center.

(b) Provide a place where a unit depleted in personnel and equipment by long operations at the front may be overhauled and rehabilitated.

(c) Provide a place where training may be continued.

(3) The center is not mobile and is located in the communications zone at a place having good communications with front and rear and near a medical depot. If there is a deep communications zone and the battle situation justifies, two centers may be established, one in the rear area near the main base and one well forward and centrally located behind the combat zone. Medical concentration centers are under jurisdiction of the theater surgeon who controls assignment of units or replacements to the centers and their distribution therefrom. The communications zone surgeon may control the details of supply, administration, and operation of the centers.

b. Special. (1) *Headquarters.* (a) The commanding officer is responsible for the administration, training, discipline, and operation of the headquarters, medical concentration center, and the administration, discipline,

and operation of service detachments, and the administration, discipline, and to some extent training, of attached medical units and personnel.

(b) The executive officer (also medical inspector) is principal assistant of the commanding officer. He acts on matters for which a policy has been established and acts for the commanding officer in his absence.

(c) The adjutant performs routine administration for the headquarters including incoming and outgoing orders, reports, and correspondence. He is assisted by sufficient enlisted personnel.

(d) *Assistant adjutant.* An officer may be designated assistant adjutant for personnel work (detachment commander), preparing pay rolls and service records, and performing administration for enlisted men. He may also supervise supply for the headquarters and operation of motor vehicles. The headquarters messes with one of the organizations attached to it or may have a mess team attached.

(2) *Medical inspector.* An officer (also executive officer) is medical inspector. He makes periodical inspections of the entire center to insure that sanitary rules are being enforced and makes periodic reports to the commanding officer. He may also be delegated to make other inspections to insure the completeness of equipment and training of attached medical units.

(3) *Veterinary inspector.* A Veterinary Corps officer, assisted by a noncommissioned officer, carries out meat and dairy inspections of all such products consumed by the center to insure their satisfactory quality.

(4) *Quartermaster, postal, finance, and military police detachments.* (a) *Quartermaster detachment.* This detachment is charged with the following activities:

1. Operation of a center laundry to supply laundry facilities for the entire center.
2. Maintenance and operation of all center utilities including sewage system, water system, electric system, heating system, etc.

3. Acting as "post" supply office for all (except medical) supplies. Supplies, including rations, are requisitioned from this office, called for at the various supply points, and stored in the quartermaster warehouse. All units then obtain all (except medical) supplies from this office.

(b) *Postal service detachment.* This detachment is charged with the maintenance of an Army post office (APO) for the center.

(c) *Finance detachment.* This detachment is charged with the pay of all troops and any civilian personnel of the center. Pay rolls are prepared by unit personnel officers.

(d) *Military police detachment.* This detachment is charged with the maintenance of a police and traffic control force and guardhouse for the center. Guard personnel are furnished by the various units attached to the center.

(5) *Normal medical units attached.* Normally the following medical units are attached to the center: One evacuation hospital, semimobile, 400-bed; three evacuation hospitals, 750-bed; and one professional service unit. The hospitals are taken from the allowances of the army from which withdrawn.

261. EQUIPMENT (see T/E 8-500). Equipment includes—

a. Tents and folding cots for all personnel of headquarters, medical concentration center.

b. Tents for storage and office purposes. Typewriters, tables, chairs, and a safe are included.

c. Other field equipment supplied all field organizations (no mess equipment).

262. TRANSPORTATION. Motor transportation is sufficient only for routine administration of headquarters, medical concentration center. It includes a few light and heavy trucks.

263. TRAINING. a. Individual. Besides basic training, the following technicians must be trained by the unit or in special schools: clerks, stenographers, meat and dairy inspector, and drivers.

b. Unit. When individual training has progressed far enough for the men to profit thereby, members of a section should receive instruction and practice in operation of the section to which the group is assigned. "On the job" training may be used.

c. Combined training. This training may be carried out "on the job."

264. ADMINISTRATION. a. Personnel. Morning reports and other reports are prepared by the units attached to the center and submitted to the communications zone or theater headquarters as directed through headquarters, medical concentration center.

b. Medical. None except special reports as may be directed. Hospital sick and wounded reports pass through center headquarters.

c. Supply. The supply service of the entire center may be centralized under the quartermaster detachment. Unit supply officers (including headquarters) may then obtain supplies through the center supply officer acting much as a "post" supply officer. Medical supplies may be obtained direct from the nearby depot by the individual units by requisition through center headquarters and communications zone surgeon.

d. Care of sick and wounded. As headquarters is issued no dispensary equipment, personnel of the unit are attached for medical purposes to the nearest unit operating a dispensary, frequently a medical unit of the center or a general dispensary.

CHAPTER 21

SPECIAL ORGANIZATION FOR MALARIA CONTROL

265. ORGANIZATION. This organization is made up of a special medical inspector (malariologist), one or more assistant special medical inspectors (malariologists), one or more malaria survey units as needed, one or more malaria control units as needed, and one or more medical sanitary companies, sanitary platoons, or antimalaria gangs (civilians) as needed. (See fig. 149.)

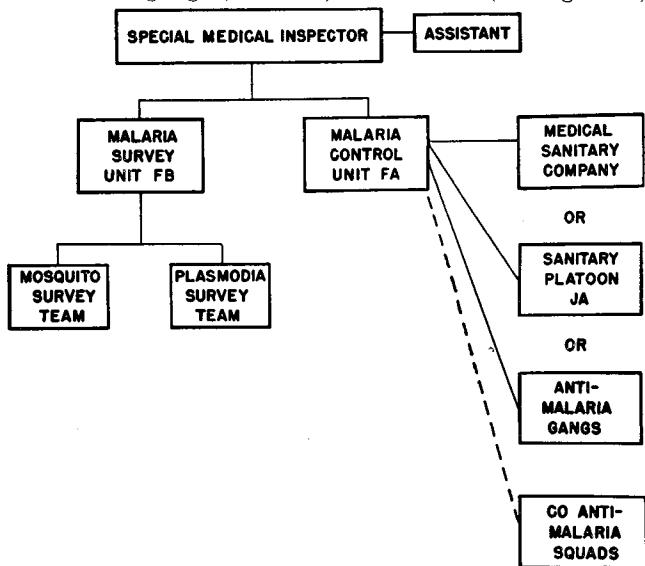


Figure 149. Special organization for malaria control.

266. FUNCTION. a. General. The special organization for malaria control is assigned to communications zone headquarters. Its general functions are:

(1) Planning, carrying out, and supervising malaria control measures.

(2) Developing malaria discipline among the troops by suitable instruction and supervision.

(3) Making mosquito, spleen, and parasite surveys which form the basis* for the siting of camps, the planning of control measures, and the necessary routine checking of results.

(4) Advising the surgeon as to the prevalence and control of other mosquito-borne diseases such as filiariasis, dengue, and yellow fever.

b. Special. (1) The *special medical inspector (malariaologist)*, a medical officer with special training under the direct supervision of the communications zone surgeon, is responsible for the immediate supervision of the special organization for malaria control. He acts as consultant to the communications zone surgeon on all matters pertaining to malaria and mosquito-borne diseases. He maintains suitable liaison with the Corps of Engineers in regard to malaria control measures. He gives special attention to problems of supplies of insecticides, larvicides, and other antimalarials.

(2) The *assistant special medical inspector (malariaologist)*, a Medical Corps or Sanitary Corps officer, assists in the supervision of the special organization for malaria control; assists in the making of basic mosquito, spleen, and parasite surveys; assists in developing the use of such individual measures of control as repellents, protective clothing, and insecticidal sprays; assists in planning and checking the control measures; and is particularly concerned with the development of malaria discipline among the troops.

(3) *Malaria survey unit (FB)* (see T/O & E 8-500).
(a) This unit is in effect a mobile malaria laboratory with the following general functions:

1. General and specific surveys of mosquito adults and larvae to determine incidence, geographical and seasonal distribution, biology, and relation to malaria.
2. Preparation of recommendations as to specific areas requiring malaria control measures.
3. Collections of mosquito adults and larvae as required to maintain a check on the effectiveness of control measures.
4. General and specific malaria parasite surveys as required among civilians and troops to determine incidence, geographical and seasonal distribution, and species of plasmodia.
5. Malaria parasite surveys as required among troops to check on the effectiveness of therapeutic and/or suppressive treatment and of control measures.
6. Maintenance of suitable records and spot maps so that a clear and continuous picture of the malaria situation is readily available to the communications zone surgeon at all times.
7. Performance of any special studies in regard to malaria or mosquito-borne diseases as required by the communications zone surgeon.

(b) The malaria survey unit is commanded by a Sanitary Corps officer (entomologist or parasitologist) assisted by a clerk. He is responsible for the paperwork involved in the above duties. The malaria survey unit may form two teams:

1. *Mosquito survey team.* This team is made up of the entomologist (unit commander), enlisted technicians and truck drivers who drive the trucks in which the team is transported to areas to be surveyed. It conducts mosquito surveys, collects specimens (adults and larvae), and records and analyzes data obtained thereby.



Figure 150. Collecting mosquito specimens to be identified at the unit laboratory.

2. *Plasmodia survey team.* This team is made up of an officer trained in identification of plasmodia, enlisted technicians, and truck drivers who drive the trucks in which the team is transported. It conducts plasmodia surveys among civilians and troops, including blood and spleen studies, and records and analyzes data obtained thereby.

(c) *Laboratory.* The remaining personnel (laboratory) together with personnel of the teams, perform laboratory functions of the unit when the field work has been accomplished:

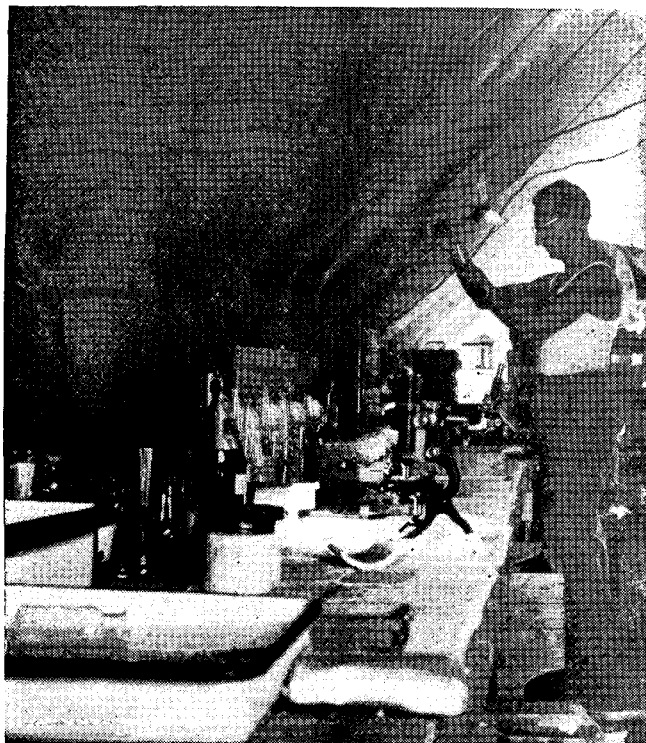


Figure 151. Laboratory of malaria survey unit.

(4) *Malaria control unit (FA)* (see T/O & E 8-500).

(a) This unit is commanded by a Sanitary Corps officer (sanitary engineer). Its functions are:

1. Preparation of detailed plans for malaria control measures, making fullest use of the findings of the survey unit.
2. Initiation, execution, and maintenance of control measures.

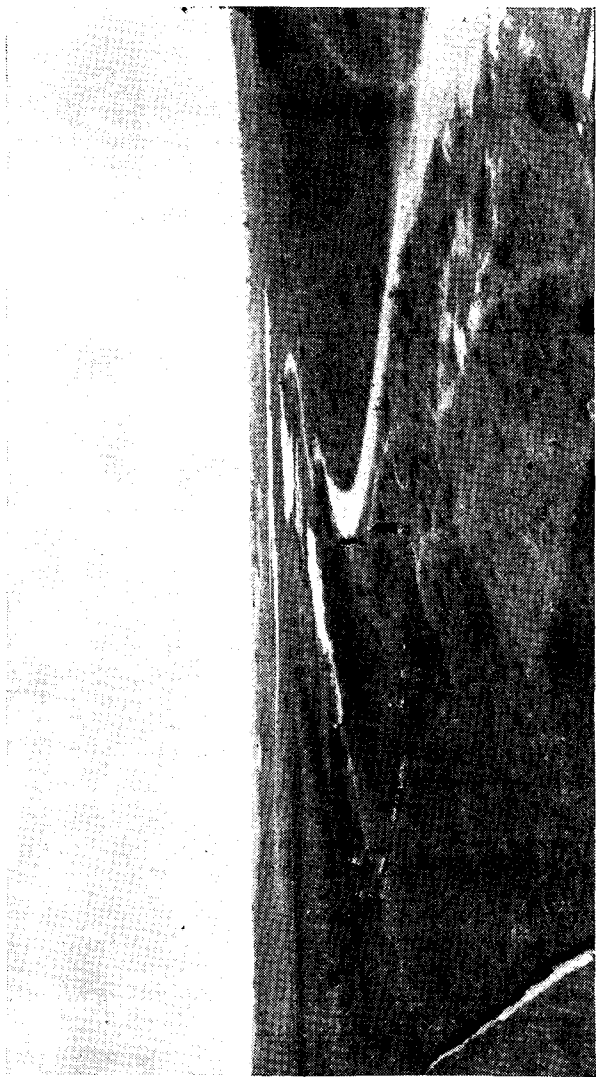


Figure 152. Draining a swamp in North Africa.



Figure 153. Spraying oil on a pond in Australia.

3. Supervision of the medical sanitary companies and sanitary platoons if assigned to the special organization for malaria control.

4. Hiring and supervision of civilian antimalaria gangs as authorized.

(b) The malaria control unit consists of the sanitary engineer (commanding officer), who is assisted by a non-commissioned officer, a clerk, enlisted sanitary technicians, and truck drivers who drive the dump trucks and other vehicles which are assigned the unit. The officer supervises and directs all phases of the execution of environmental malaria control activity. Sanitary technicians supervise activities of others (sanitary company or civilian "gangs") in operation of sprays, etc. Drivers of dump trucks transport earth for filling or draining purposes.

(5) *Medical sanitary company.* One or more medical sanitary companies may be assigned to the special organization for malaria control. Under direction of the sanitary engineer (commanding officer, malaria control unit), they carry out antimalaria activities such as draining or filling swamps, screening buildings, spraying streams, etc. (See ch. 22.)

(6) *Sanitary platoon (JA).* One or more sanitary platoons (T/O & E 8-500) may be assigned to the special organization for malaria control. The platoon consists of an officer, noncommissioned officers, sanitary technicians, and laborers. Under direction of the sanitary engineer (commanding officer, malaria control unit) they carry out antimalaria activities of the same nature as that described for the medical sanitary company. A mess team from T/O & E 8-500 may be attached to furnish messing facilities for the platoon.

(7) *Antimalaria gangs.* When available and convenient as will often be the case in tropical areas where malaria is common, civilians may be recruited locally. They are formed into groups or "antimalaria gangs" and trained under direction of the sanitary engineer in work as described for the medical sanitary company



Figure 154. Spraying paris green.

above. When trained, the antimalaria gangs will operate under the direction of the sanitary engineer doing antimalaria work as directed.

(8) *Company antimalaria squads.* In some areas it may be advisable that company antimalaria squads made up of a few enlisted men of every company of all units under a noncommissioned officer do such malaria control work for the company as the spray killing of adult mosquitoes in barracks and hutments,

upkeep of screens, the control of mosquito breeding in artificial containers about camp, and the maintenance of malaria discipline in the company. These squads should be trained and given technical supervision by the malaria control unit, but should remain under command of the company commander.



Figure 155. Spraying dugout with aerosol spray.

267. EQUIPMENT. a. Malaria survey unit. This unit has field equipment allotted any field organization plus one "Malaria Survey Unit 9N01800." This Medical Department equipment list includes the following:

- (1) Drugs and chemicals to last an estimated 60 days.
- (2) Forceps, scalpels, needles, and syringes.
- (3) Microscopes, general and stereoscopic, hemocytometer, hemoglobinometer, slides, pipets, desiccators, bottles, Coplin jars, prescription balance, burners, a malaria survey chest, and other laboratory equipment.
- (4) An entomological box, insect nets, insect pins, mason jars, and other mosquito collecting equipment.
- (5) MD chest set #4 and other office equipment.
- (6) Several malaria and laboratory books.

b. Malaria control unit. This unit has field equipment allotted any field organization plus an engineer transit, machetes, knapsack oil and other sprayers, paris green dusters, mosquito gloves, hand sprayers, rubber boots, shovels, carpenter's hammers and saws, and other tools, wheelbarrows, scythes, storage tent, and other special equipment, and one "Unit Equipment, Malaria Control Unit 9N01700." This Medical Department equipment list includes miscellaneous medical items such as towels, brooms, alcohol, stationery, twine, prescription scale, drawing instruments, MD chest #4, and a few mosquito control books. Trucks are provided to move earth for filling or draining swamp areas. Oil, paris green, aerosol bombs, repellents, and other similar supplies are obtained from theater supplies.

c. Medical sanitary company (see ch. 22). This company also uses such equipment of the malaria control unit as oil sprayers and paris green dusters, wheelbarrows, etc. It also may draw special equipment if needed and authorized by the communications zone commander for the task assigned.

d. Sanitary platoon. This unit has field equipment issued any field organization (no mess equipment) plus insect dusters, and sprayers, machetes, ranging poles, tape measures, wheelbarrows, rubber boots, drills, scythes, shovels, saws and other tools, tents, and a typewriter.

e. Antimalaria gang. This unit utilizes the special equipment of the malaria control unit plus any extra

special equipment authorized by the communications zone commander and drawn on special issue.

f. Company antimalaria squads. Such items as aerosol insecticide dispensers and other spray materials may be obtained by requisition through S-4. Other equipment such as carpenter's tools may be obtained from their own company.

268. TRANSPORTATION. a. Malaria survey unit.

This unit has a few light trucks which are sufficient to move the entire unit.

b. Malaria control unit. This unit has a few light trucks for transportation of the sanitary engineer, enlisted men, and equipment, and several heavy trucks for transport of supplies and of dirt used in draining or filling. An auto mechanic may be attached to perform second echelon maintenance.

c. Medical sanitary company. See chapter 22.

d. Sanitary platoon. None.

269. TRAINING. a. Malaria survey unit. (1) *Individual.* Besides basic training, laboratory and sanitary technicians should be trained in special schools. Special emphasis should be put on the study of mosquitoes, mosquito-borne diseases, identification of malaria parasites in the blood, and practical control methods. Other technicians who must be trained are drivers and a clerk.

(2) *Unit and combined.* Unit and combined training are subordinate.

b. Malaria control unit. (1) *Individual.* Besides basic training, sanitary technicians and a utility repairman should be trained in special schools. Emphasis should be laid on mosquito control of all kinds including the use of mosquito control equipment and the technique of demonstration and instruction.

(2) *Unit and combined.* Unit and combined training are subordinate.

c. Medical sanitary company, sanitary platoon, and antimalaria gang. These units should receive

training in the use of mosquito control equipment and methods of carrying out mosquito control. (See ch. 22.)

270. ADMINISTRATION. a. Personnel. The special medical inspector and assistants are carried as members of the staff of the communications zone surgeon. The malaria survey unit, the malaria control unit and medical sanitary company, and the sanitary platoon each carry out administration comparable to any separate company or detachment, submitting personnel reports to communications zone headquarters.

b. Medical. Medical reports and surveys are submitted to the communications zone surgeon as directed.

c. Supply. (1) *Class I.* With the exception of the medical sanitary company and the sanitary platoon if it has a mess team attached, the units must be attached to a nearby organization, perhaps the sanitary platoon, for messing, and no Class I supplies are drawn.

(2) Other supplies are requisitioned through the communications zone surgeon on the nearest depot of the branch concerned. Special engineer and other equipment required in mosquito control may be authorized by the communications zone surgeon and drawn as a special issue.

d. Care of sick and injured. As none of the units have dispensary equipment, they are attached for medical purposes to the nearest unit operating a dispensary.

CHAPTER 22

MEDICAL SANITARY COMPANY

271. ORGANIZATION (see T/O & E 8-117). The medical sanitary company is composed of a headquarters and two identical platoons. (See fig. 156.)

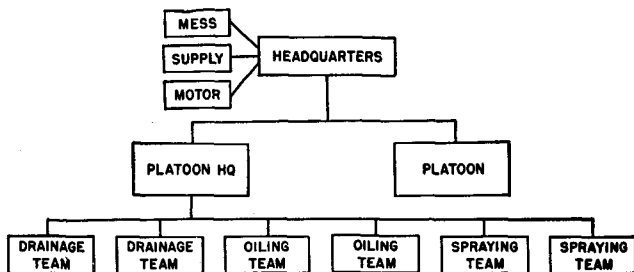


Figure 156. Organization of medical sanitary company.

272. FUNCTION. a. General. The medical sanitary company operates under control of the theater surgeon until assigned to a malaria control unit or a hospital. The company may carry out one of the following functions:

(1) Under direction of a malariologist and the communications zone surgeon, and as part of a "special organization for malaria control," the company may be employed in antimalarial control work such as draining or filling swamps, oiling streams or ponds, spraying, etc. (See ch. 21.)

(2) At general or station hospitals of over 1,000 beds, the company may supplement the normal complement of personnel of the hospital carrying out such duties as may be assigned by the hospital commanding officer.

Such duties may include ward orderlies, kitchen helpers, or sanitary work.

b. Special. (1) *Headquarters.* (a) The commanding officer is responsible for the training, administration, discipline, and operation of the company. He is assisted by sufficient enlisted personnel.

(b) *Mess.* Under the mess sergeant, the mess personnel prepare and serve meals for personnel of the company.

(c) *Supply.* The supply sergeant is charged with the making out of requisitions, the storage and issue of all supplies used by the company.

(2) *Platoons.* The two identical platoons are each commanded by an officer assisted by a platoon sergeant. When the company is part of a special organization for malaria control, the identical platoons may each be divided into teams as follows:

(a) Two identical drainage teams consisting of a non-commissioned officer and a number of enlisted men. These teams are charged with the drainage of bodies of water utilizing shovels, wheelbarrows, dumptrucks, and other equipment under direction of the malaria control unit of the special organization for malaria control.

(b) Two identical oiling teams consisting of a non-commissioned officer and a few enlisted men. These teams are charged with the oiling of bodies of water under direction of the malaria control unit.

(c) Two identical spraying teams consisting only of a technician. These teams are charged with the spraying of paris green or other material on bodies of water under direction of the malaria control unit.

273. EQUIPMENT. Equipment includes that equipment issued every field organization including mess equipment plus special equipment consisting of such items as crow-bars, manure forks, hand sprayers, hoes, machetes, knapsack sprayers, exterminator powder, and hand sprayers. One tent for equipment and one small tent for the company commander are included. Other necessary equip-

ment can be procured from the malaria control unit, depots, or posts, camps, or stations to which the company is assigned when the need arises and when authorized for special issue.

274. TRANSPORTATION. Motor transportation is not sufficient to move the unit but enables it to operate at one place. It consists of a few light trucks and a 2½-ton dump truck for filling or draining purposes. There is one mechanic to perform second echelon maintenance.

275. TRAINING. a. Individual. In addition to basic training, sanitary technicians must be trained by the unit or in special schools. Emphasis should be placed on the use of antimosquito equipment and methods of mosquito control. Other technicians who must be trained are cooks, drivers, utility repairmen, carpenter, bugler, and a clerk.

b. Unit. When individual training has progressed far enough for the men to profit thereby, they should be given practice and instruction in performing their duties as a group. This particularly pertains to the drainage and oiling teams.

c. Combined training. This type of training for the specific type of function to be assigned to the unit should be arranged by the company and higher commanders.

276. ADMINISTRATION. The administration is that of any separate company. Medical service may be supplied by the unit to which the company is attached.

CHAPTER 23

MEDICAL SUPPLY UNITS OF THE COMMUNICATIONS ZONE

Section I. GENERAL

277. GENERAL. A communications zone depot is an organization required to serve the theater of operations as a whole. It supplies both army depots and communication zone troops. Communications zone depots are designated as advance, intermediate, or base, depending upon the section in which located, and classified as general and branch depots.

278. GENERAL DEPOTS. General depots are communications zone installations that stock supplies for two or more supply services. Their organization is the direct responsibility of the chiefs of supply services of the communications zone. The chief of each service having supplies at a general depot is represented at the depot by a commissioned officer, designated as depot supply officer of the branch concerned, as "depot medical supply officer," "depot signal supply officer," etc. The medical section of a general depot is operated by a medical base depot company (T/O & E 8-187) supplemented if necessary by supply teams and a medical maintenance team from a Medical Department service organization (T/O & E 8-500).

279. BRANCH DEPOTS. a. General. In addition to general depots, branch depots may be established in the communications zone. A branch depot is one which stocks supplies for one supply branch only, as medical branch depot, signal branch depot, etc. The organiza-

tion of a branch depot is the responsibility of the chief of the supply service concerned. The number of branch depots established will depend on a variety of factors, including the number of troops supported, the number of general depots at which the branch maintains supply sections, and the size of the communications zone and distance from the zone of the interior.

b. Medical. Medical branch depots are those communications zone depots which stock medical supplies only. They are under the control of the communications zone surgeon and commanded by the commanding officer of the unit operating the depot. Generally there will be one medical branch depot or one general depot medical section for each army in the theater of operations. The medical branch depot may be operated by either of the two types of units.

(1) The medical base depot company (T/O & E 8-187) may operate the medical branch depot. It may be supplemented by supply teams and a medical maintenance team No. 3 from a Medical Department service organization (T/O & E 8-500).

(2) The medical branch depot may be built up entirely of teams from a Medical Department service organization (T/O & E 8-500). For information concerning the types, organization, and functions of Medical Department teams available from the service organization, see chapter 13.

Section II. MEDICAL BASE DEPOT COMPANY

280. ORGANIZATION (see T/O & E 8-187). The company is divided into a company headquarters and a supply section. The medical base depot company will often lack sufficient personnel to operate the medical section of large general depots. In such cases, it may be supplemented by appropriate teams from a Medical Department service organization (T/O & E 8-500).

281. FUNCTIONS. **a. General.** The medical base depot company operates either a medical section of a

general depot in the communications zone or a medical branch depot of the communications zone. It may or may not be supplemented with teams from T/O & E 8-500. The company furnishes medical supplies to other communications zone and army medical depots, and to medical and other organizations in the communications zone.

b. Special. (1) *Company headquarters.* The commander is responsible for the administration, discipline, training, and operations of the company. The officer in command of the depot company is also the depot medical supply officer if the company is part of a general depot. As such, he is the depot representative of the communications zone surgeon. He commands any other medical supply organization (teams of T/O & E 8-500) which may be attached. If the depot is a branch depot, the company commander commands the depot. He is responsible for the reception, storage, and issue of all medical supplies; supply records pertaining to medical supply; the proper marking of all shipments; the necessary arrangements with the Transportation Corps of the depot for shipments; and transmission through channels of information with respect to shipments. An administrative assistant assists the commanding officer in routine correspondence and personnel matters. He may be designated to supervise the mess and motor vehicles and act as company supply officer. He is assisted in these duties by a first sergeant and a clerk. The mess section under the mess sergeant is charged with the preparation and serving of food for personnel of the company. Ordinarily the mess section of the medical base depot company will be detached to the depot general mess when the company is assigned to a general depot.

(2) *Supply section.* The supply section performs the functions for which the company is organized. The section is under the direction of two officers. Responsibility for the activities of the section is divided between these two officers in whatever manner the company commander may direct. The functions of the section in-

clude receipt of medical supplies, their classification and storage in that portion of the general depot allotted to the medical section, preparation for issue, and shipment to advance or army depots and to organizations in the communications zone. Key enlisted personnel include medical supply noncommissioned officers, warehouse foremen, stock control and stock record clerks, carpenters, and receiving and shipping checkers. When personnel of the medical depot company are not adequate, labor will be furnished by the quartermaster labor pool. This company performs no maintenance or repair functions. If repair or maintenance functions are desired, an appropriate team from T/O & E 8-500 must be attached.

282. EQUIPMENT (see T/O & E 8-187). Equipment is that furnished to all field medical units, plus special items required in the operation of the depot section such as office equipment, stencils, duplicating machine, carpenter's tool set, etc. Tentage is not sufficient for installation of a depot section.

283. TRANSPORTATION. Transportation consists of a few light trucks and trailers. Organic transportation is sufficient for internal administration only. Functional transportation will be furnished by the quartermaster transportation pool.

284. TRAINING. a. Responsibility. The company commander is responsible for the training of the medical base depot company. All officers must assure themselves that personnel of their sections are adequately trained.

b. Individual. Individual standards of proficiency are the same as for corresponding specialists of the medical depot company, combat zone.

c. Unit. As soon as specialists are sufficiently trained, training in functional groups is instituted. Headquarters personnel are trained in unit administration, and

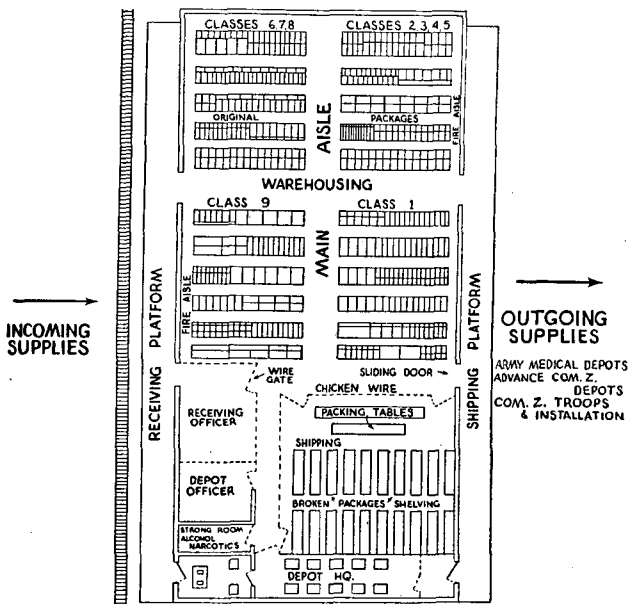


Figure 157. Suggested floor plan for a medical branch depot.

personnel of the supply section in the receipt, storage, and issue of medical supplies. Apprenticeship of the entire unit in general or medical supply depots of the zone of the interior is of great value.

285. ADMINISTRATION. a. Unit. Unit administration includes the usual company administrative procedures. Morning and personnel reports are submitted to depot headquarters or communication zone headquarters.

b. Section. The supply activities of the company are under control of the communications zone surgeon. Internal administration is similar to that of the medical depot company, combat zone.

c. Supply. Class I supplies are furnished automatically for the entire depot on the basis of consolidated strength reports. Other supplies are furnished by requisition from the appropriate branch section through depot headquarters.

d. Care of sick and wounded. Sick and wounded personnel are treated at the general depot station hospital, or if no hospital is included in the depot, at the depot dispensary or a general dispensary.

CHAPTER 24

MUSEUM AND MEDICAL ARTS SERVICE

286. ORGANIZATION (see T/O & E 8-500 KA). This small unit may be described as having a headquarters, an art section, and a photographic section. (See fig. 158.)

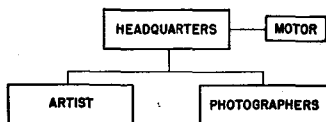


Figure 158. Functional organization of museum and medical arts service.

287. FUNCTION. **a. General.** This unit may be assigned on the basis of one per theater of operations having 50,000 or more troops. It performs the following functions:

(1) Records new medical procedures developed in the field.

(2) Collects and ships specimens to the Army Medical Museum for scientific and historical purposes.

b. Special. (1) *Headquarters.* An officer commands the unit. He is responsible for the administration, discipline, training, and operation of the detachment. He is responsible to the theater surgeon who may assign certain projects and fields of work to the unit. The detachment commander is assisted in both administration and technical supervision and work by a noncommissioned officer and a clerk.

(2) *Artist.* An artist draws wounds, surgical technique, especially plastic surgery, special instruments or medical equipment, special types of medical installations, etc., as desired by different medical officers and

units, the theater surgeon, and the detachment commander.

(3) *Photographers.* Two photographers take pictures, develop negatives, make prints and enlargements of the same subjects mentioned for the artist above.



Figure 159. Photographing an operation at a station hospital in England.

288. EQUIPMENT. Equipment includes the following: field desk, carpenter's tools, typewriter, complete photographic equipment including two cameras, two exposure meters, complete darkroom facilities including printers, etc., and artist's equipment.

289. TRANSPORTATION. Transportation consists of a light truck which is sufficient to carry personnel and equipment.

290. TRAINING. *a. Individual.* The artist and photographer should have had training in civilian life. After

basic training they should have special training by the Signal Corps or other special training. Other technicians to be trained are a clerk and a driver.

b. Group, unit, and combined. This training is subordinate.

291. ADMINISTRATION. Administration is that of any separate company or detachment. The unit must be attached for medical care and mess to the nearest unit operating a dispensary and mess, frequently a hospital at which the unit is working. Supplies are obtained by requisition on the nearest depot of the branch concerned.

CHAPTER 25

VETERINARY COMPANY, SEPARATE

292. GENERAL. The veterinary company, separate, is a theater headquarters unit and as such will be attached as needed to divisions, task forces, and armies or employed in the various sections of the communications zone. It is a self-contained unit but will be under the direct control of the commander of the force to which attached. This unit is capable of rendering emergency treatment for and evacuating the casualties normally expected from a total strength of 2,000 animals. Suggested assignments would be one company per light division, pack transport; three companies per cavalry division; one per six separate quartermaster pack troops or companies; one per six separate field artillery pack battalions.

293. ORGANIZATION (see T/O & E 8-99). The veterinary company, separate, is composed of a company headquarters, three collecting and treatment platoons, and one motor evacuation section.

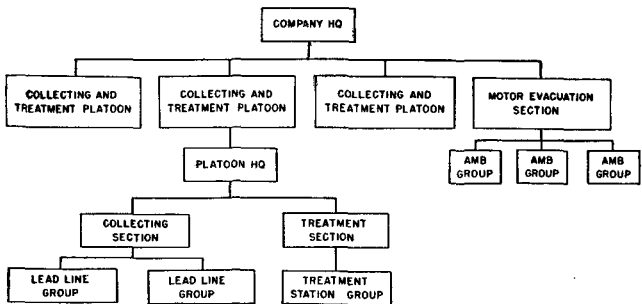


Figure 160. Functional organization of the veterinary company, separate.

294. FUNCTION. a. General. (1) The function of the veterinary company, separate, will depend upon its assignment. It may furnish emergency veterinary treatment and evacuation service for a pack transported division; it may support and/or reenforce the veterinary service of the cavalry division; it may furnish lead lines and/or motor evacuation facilities to transfer animals in the army area or the communications zone. When attached to a division, it will act in the capacity of a second echelon unit. As a second echelon unit, it would be in support of the veterinary sections of the division. The company would establish one or more treatment stations, sending forward evacuation groups (lead line and/or ambulance) to collect and evacuate animal casualties from the veterinary aid stations to the treatment station. The veterinary company, separate, is so designed that it can place a collecting and treatment platoon in support of each of the regimental combat teams of the division. The veterinary company, separate, evacuating from a cavalry division furnishes third echelon veterinary service and evacuates cases from the installations of the veterinary troop (second echelon) to the veterinary evacuation hospital.

(2) In the army service area, veterinary companies, separate, will evacuate casualties from the divisional installations to the veterinary evacuation hospital, this function being designated as third echelon, veterinary service. As a third echelon unit, the principal function of the company will be transportation of animal casualties and the situation will determine whether or not it is necessary for the company to establish treatment stations. Regardless of whether or not treatment stations are established, the company will always be responsible for the care and treatment of the animals being moved or handled by it. Although not a normal procedure, a veterinary company, separate, which is attached to a division to furnish second echelon service may also assume third echelon responsibilities. As a combined second and third echelon unit, it would be responsible

for animal casualties from the aid station to the evacuation hospital.

(3) Other functions in the army service area and in the communications zone would be the transportation of animal casualties as follows:

(a) From the veterinary evacuation hospital to the veterinary general or veterinary convalescent hospital, or to the railhead for further evacuation to the rear.

(b) From veterinary convalescent hospital to veterinary general hospital (relapsed cases).

(c) Discharged patients from veterinary hospitals to field remount depots.

(4) When the company is being used only for the transportation of animal casualties and it is not necessary to establish a treatment station such as may be the case in parts of the army service area and in the communications zone, it is suggested that the functional organization of the company be set up as in figure 161. Each platoon would continue to operate two lead line sections, but there would be added to each platoon an ambulance section. The personnel of the ambulance section would include the men normally assigned to operate the treatment station of the platoon plus the driver and one ambulance orderly that forms the ambulance group of the motor evacuation section.

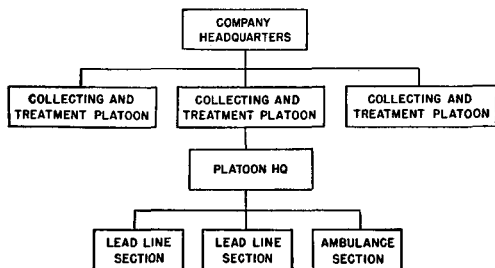


Figure 161. Veterinary company, separate, used only for evacuation of casualties.



Figure 162. Veterinary treatment station.

b. Special. (1) *Company headquarters.* Company headquarters consists of the company commander, an officer of the veterinary corps, a commissioned assistant, also of the veterinary corps, and the necessary enlisted assistants required in the internal administration of the unit. The latter includes the first sergeant; the supply, mess, and stable sergeants; the company clerk; and such specialists as bugler, cooks, and horseshoer, as well as basic privates. The company headquarters as established by headquarters personnel consists of the company command post, the unit mess, the unit supply distributing point, the company stables (picket line), and any other departments necessary for the internal company housekeeping. The company commander may delegate to his commissioned assistant such functions as the operation of the mess and the unit supply. The company headquarters does not lend itself to division; functional elements of the company operating separately ordinarily are not augmented for administrative purposes by headquarters personnel. However, when platoons may be operating independently, one cook from company headquarters will

be assigned to each platoon. The company commander is responsible for the administration, discipline, training, and operation of the company. He maintains liaison with the organization or installation that his unit is supporting and makes recommendations for the use of the company. Company headquarters will be located in the place most convenient for the company commander to coordinate the operation of the entire company. When operating as a second echelon unit and attached to a division or task force, the headquarters of the company would be set up in the vicinity of the most centrally located treatment station. When operating as a third echelon unit, the headquarters would be established in the vicinity of the veterinary evacuation hospital to which animal casualties are being evacuated. When employed in the army service area or the communications zone, it would be located at the hospital from which the animals are being evacuated or transferred.

(2) *Collecting and treatment platoon.* (a) *Platoon headquarters.* There are three identical platoons in the company, each consisting of a platoon headquarters and two sections and each bearing the designation of collecting and treatment platoon. The platoon is an organic element of the company and is capable of independent tactical and technical operation but dependent upon company headquarters for administration. The platoon is commanded by an officer of the Veterinary Corps, who is directly responsible to the company commander for the operation of the platoon in all situations. The platoon performs the technical functions of the company incident to the evacuation of sick and injured animals; their care and treatment during movement and the transfer of animals to and from veterinary hospitals to field remount depots and railheads. Platoon headquarters consists of the platoon commander and the platoon sergeant who acts as assistant. The headquarters will be located at the treatment station established by the platoon. In actual operation, the treat-

ment station and platoon headquarters will be the same installation. It will be responsible for—

1. Checking of emergency veterinary tag of each animal received.
2. Segregation of contagious cases and suspected contacts or carriers, and captured animals.
3. Entering disposition of casualty in proper space on tag.
4. Maintenance of log of animal casualties.
5. Dispatching of ambulances and lead lines.

(b) *Collecting section.*

1. *Function.* The collecting section is organized into two lead line groups each of which is in charge of a sergeant who is directly responsible to the platoon commander. It is the function of the collecting section to maintain contact with the aid stations established by the various veterinary sections; evacuate animal casualties from these stations; establish march collecting posts, if they are necessary, along the route of march; establish ambulance loading posts where they may be necessary. To carry out its evacuation functions, the section operates two lead lines, one by each of the two lead line groups. When it is necessary for motor ambulance to be used for evacuation of casualties, ambulance groups from the motor evacuation section will be attached to the collecting section of each platoon.
2. *March collecting posts.* When troops are marching in areas where a large number of casualties are likely to occur, or when the movement may be over long distances, or when there may be a forced march with many march casualties expected, it may be necessary to give closer support to the veterinary sections. For this purpose, march collecting posts may be established at sites along the route of march. One or two men from the platoon will be assigned to operate

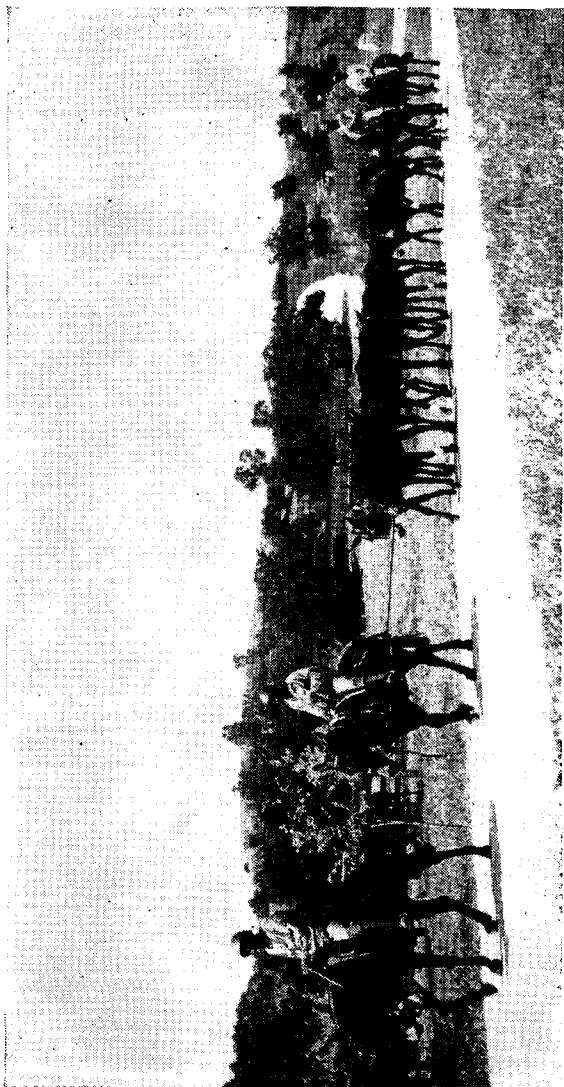


Figure 163. Veterinary lead line.

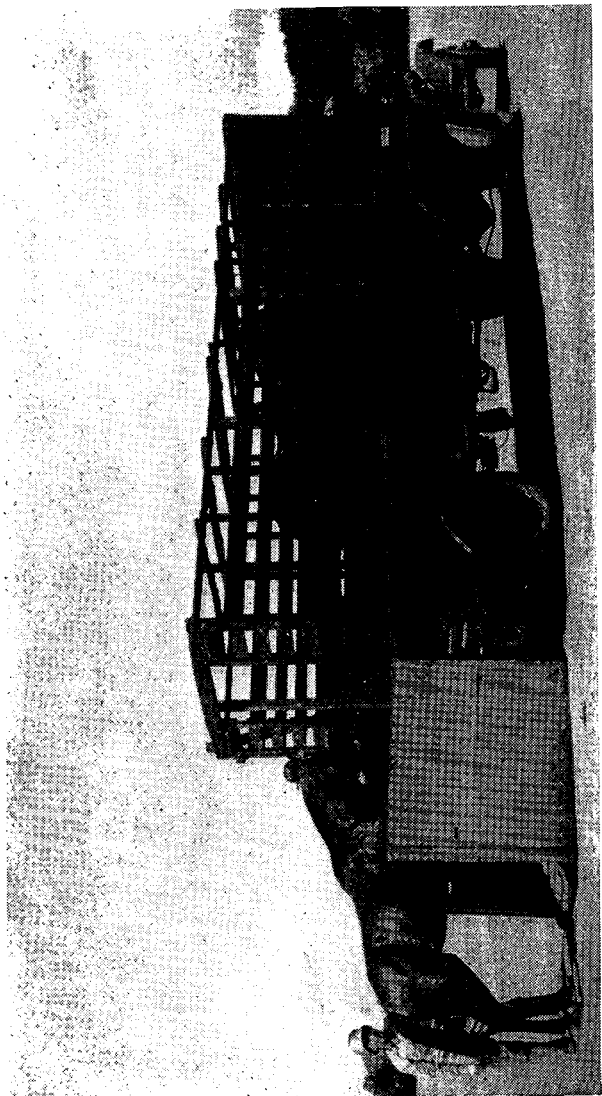


Figure 164. Veterinary ambulance.

each collecting post set up. The casualties will have received emergency treatment from the veterinary section and then be turned over to the collecting post for care until evacuated. This procedure expedites the disposal of march casualties by the veterinary sections since their mobility must not be handicapped by attempting to care for casualties that are unable to keep pace with the march column. No treatment other than emergency will be attempted in the collecting post as it is established only for the purpose of taking over the march casualties and holding until evacuation can be accomplished back to a treatment station. All unit veterinarians in the march column will be given advance notice of the location of the march collecting posts so that the proper disposition of march casualties can be made.

3. *Ambulance loading posts.* An ambulance loading post is any designated point to which ambulances may proceed for the purpose of loading animal casualties. In the operation of its evacuation facilities, the collecting section may use the lead lines and ambulance groups separately or as a single chain of evacuation. As a single chain of evacuation, the lead lines would form the forward section and the ambulance group the rear section. The point at which animals are transferred from lead line to ambulance would be designated an ambulance loading post. The distance over which the two types of evacuation would operate is governed by terrain, weather, enemy activities, total distance involved, and road net. As separate operating groups, the lead lines and ambulances may function on the basis of type of cases to be evacuated. The point at which the animal casualties are received and loaded direct from the veterinary section would be designated as an ambulance loading post and the loca-

tion would be at or near the veterinary aid station.

4. *Liaison.* For effective operation, contact with the forward veterinary elements must be established early and maintained continuously. For this mission, the leader of each lead line group and each ambulance group is specially trained in the tactics and operative procedures of the units furnishing first and second echelon veterinary service, map reading, sketching, use of compass, and the ability to receive and transmit information correctly. For the initiation of contact, these individuals may precede or may be accompanied by the remainder of their group in the movement to the front.

c. Treatment section. (1) *Function.* The treatment section establishes and operates a treatment station for the emergency treatment of animal casualties evacuated from the forward veterinary installations.

(2) *Personnel.* The platoon commander directs the operation of the treatment station and is assisted by the platoon sergeant and certain veterinary technicians.

(3) *Treatment station.* (a) *Site.* The most important factor in the location of the treatment station is the positions of the veterinary installations it must support. The station must be centrally located in respect to these. The site selected should have cover and defilade to protect the installation from small-arms fire and flat trajectory artillery fire. Sufficient space must be provided for the station for proper operation and to allow dispersal of personnel and animals as protection against air and artillery bombardment. Cover, concealment, and camouflage must always be given priority in establishing any veterinary installation since the veterinary service is not protected by the Geneva Convention. Other features to be considered are accessibility of station to ambulances and adequate water supply. When operating as a second echelon unit, the station will be located from 4 to 7 miles from the front.

(b) *Operation.* Due to limited personnel, the treatment station is not set up by departments but the men of the treatment section will be assigned to certain duties in the operation of the station. All animal casualties coming into the station will first have their emergency veterinary tags checked, those not having tags or having lost their tags will have new ones prepared. The sorting of casualties begun in the veterinary aid stations continues in this installation. Casualties considered as contagious cases or suspected of having had contact with communicable disease should be segregated from the others. All animal casualties should be sorted into one of the following groups:

1. Those cases which can reasonably be expected to recover within a few days and be returned to their units.
2. The seriously wounded or sick needing more definitive treatment and hospitalization; these are prepared by the treatment station for evacuation to the rear.
3. Those animals which are in such condition that treatment would be of little avail or which it would not be economically sound to treat, and are destroyed.

(c) *Records.* Each treatment station will maintain its own casualty records. It will forward to company headquarters, at the end of each month, all information necessary for the preparation and rendition of veterinary reports and returns that are required. This will include duplicate copies of emergency veterinary tags on cases completed in the treatment station during the month.

(d) *Changing station.* The treatment station must move its location as the tactical situation requires. In order that it will not be hindered in its movements by an excessive accumulation of casualties, movement of casualties must not be delayed by reason of instituting prolonged treatment procedures. If all casualties can be evacuated promptly, the station personnel pack their

equipment and move to new location. If all casualties cannot be evacuated at once, then the station may be displaced by echelon or the entire platoon relieved by the collecting and treatment platoon in reserve, the platoon already committed taking over the reserve position as soon as its treatment station is relieved of its casualties.

(4) *Motor evacuation section.* The motor evacuation section is under the supervision of a section leader (a noncommissioned officer) who is directly responsible to the company commander. The section is organized into three ambulance groups each operating one animal ambulance which has a capacity of eight animals. The function of the motor evacuation section is to furnish motor transportation to the three collecting and treatment platoons for the evacuation of animal casualties. It is not intended that the section will operate as a unit but the ambulance groups will be attached as needed to the collecting and treatment platoons.

295. EQUIPMENT. The company is equipped in accordance with T/E 8-99 which includes such veterinary items as hemostatic forcep cases, chests #80 and #81, pack chests, gas casualty chests, instrument sterilizers, and stethoscopes. Tentage includes a few large wall tent flies.

296. TRANSPORTATION. To transport equipment and carry out its various functions the company is equipped with three 6-ton combination animal and cargo carrier semitrailers with the 4- to 5-ton trucktractors and 42 mules.

297. TRAINING. a. Individual. In addition to the subjects outlined in the basic training of the Medical Department soldier the following will be emphasized: veterinary records, elementary veterinary anatomy and physiology, emergency treatment, care and treatment of sick and wounded animals during transportation, animal restraint, and organization and function of veterinary units.

b. Unit. Unit training will include selection of sites and establishment of treatment stations, operation of lead lines, loading and unloading of ambulances, camouflage and concealment of the unit installations. Since the platoon is the basic operating element, most of the unit training will be by platoons. The platoon is trained as a unit in its tactical functioning, marches, bivouacs, movement of the unit, and the establishment of lines of communication. Unit training will not be confined entirely to platoons but should also include the company as a unit. This will include particularly, marches and bivouacs, both day and night; function of the company in all types of military operations; entraining and detraining with equipment.

c. Combined. Combined training with other units will take place when the veterinary company, separate, is attached to larger units such as division, corps, or army and directed to participate by such headquarters.

298. ADMINISTRATION. a. Personnel. Morning reports and other personnel reports are submitted as directed by the headquarters to which the unit is attached.

b. Veterinary. Each platoon when in operation will maintain a log of animal casualties handled by the platoon. The log will contain the following data on each case: date and hour of receipt; animals' Preston brand numbers, organization if known, general nature of sickness or injury, method by which evacuated, lead line or ambulance number, the date and hour, place and manner of disposition. Data from this log will be extracted at designated times and forwarded to company headquarters for consolidation and rendition to higher authorities. Proper entries will be made on the duplicate Emergency Veterinary Tag received at the treatment station for each animal handled by the respective platoon. If an animal is received at the station without an Emergency Veterinary Tag, one will be prepared and attached to it. The duplicate tags on cases completed while in the charge of a collecting and treatment pla-

toon will be completed in the headquarters of the platoon and forwarded to company headquarters for consolidation with reports from the other platoons in the preparation of the Veterinary Report of Sick and Wounded Animals that is required to be submitted by the company.

c. Supply. (1) Class I supplies are automatic, being drawn daily by the unit supply officer at a designated supply point.

(2) Supplies other than Class I normally are procured by formal or informal requisition from the nearest appropriate depot. In emergencies, veterinary supplies are obtained from the nearest veterinary hospital.

d. Care of sick and injured. In bivouac, sick and injured personnel are reported to designated medical installations within the area; during combat, they are reported to the most available aid station.

CHAPTER 26

VETERINARY EVACUATION HOSPITAL

299. ORGANIZATION (see T/O & E 8-780). The veterinary evacuation hospital is organized into a headquarters, a basic platoon, and a ward platoon. (See fig. 165.)

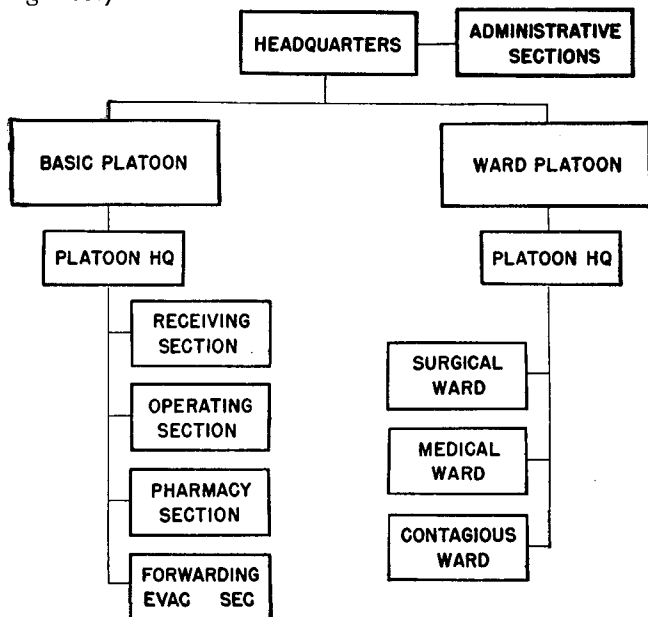


Figure 165. Organization of veterinary evacuation hospital.

300. FUNCTIONS. a. General. The veterinary evacuation hospital belongs to theater reserve, and when assigned to an army is under the direct control of the army

commander or the army surgeon (his assistant, the army veterinarian). It may also be assigned to units other than army and in such instances is under the commander concerned. It is a mobile unit and, operating in the combat zone, is designed to relieve the lower echelons of veterinary service (aid and treatment stations) of their animal casualties. This hospital furnishes definitive treatment to cases which give promise of recovery in a reasonable time; and continues the sorting of animal casualties. Cases requiring more treatment or time than may be available at the evacuation hospital are prepared for evacuation to the veterinary general or convalescent hospital. Those ready for duty are transferred to a remount unit. Cases, which, because of their condition or the military situation, it would be impracticable to salvage, are destroyed.

b. Special. (1) *Headquarters.* (a) The unit is commanded by the senior veterinary officer assigned thereto and present for duty. He is responsible for the administration, discipline, training, and operation of the unit. He is directly responsible to the commanding officer through the surgeon (his assistant, the veterinarian) of the unit to which the veterinary evacuation hospital is assigned. The hospital commander maintains liaison with the veterinary company, separate, or element thereof, charged with the evacuation of animal casualties from forward veterinary elements to the evacuation hospital, thus being informed of the number and type of expected casualties. He also maintains liaison with the evacuating unit and veterinary hospitals to which he may be evacuating animals; and with the remount unit to which casualties ready for duty are sent.

(b) The headquarters consists of the commander, one commissioned assistant of the Veterinary Corps who is adjutant, and such enlisted assistants as are necessary for the operation of headquarters and general administration. The commissioned assistant relieves the hospital commander of such administrative details as the preparation of reports and returns, the operation of the unit mess, supply, utilities, and transport.

(2) *Administrative sections.* (a) Enlisted personnel includes the first sergeant, supply sergeant, mess sergeant, clerk, and privates.

(b) *Mess.* The mess is under the direction of the commissioned assistant or executive officer under whom the mess sergeant supervises the personnel and equipment for operating an officer's mess and an enlisted men's mess. When the unit is moving its equipment and personnel by echelon, a portion of the personnel is attached to the most convenient medical or other unit for rations.

(c) *Supply.* This section operates directly under a supply sergeant; and is charged with the procurement, storage, and issue of all supplies, general and medical, required by the unit and its installations, including the keeping of records.

(d) *Clerical.* The clerical section operates directly under a noncommissioned officer who is responsible under the commissioned assistant of the hospital commander for the preparation of personnel reports and returns, routine correspondence, and filing and maintenance of records.

(3) *Basic platoon.* The basic platoon personnel consists of an officer and the enlisted personnel necessary for its operation.

(a) *Platoon headquarters* consists of the platoon commander, an officer of the veterinary corps, and a platoon sergeant. It regulates the operations of the unit and assigns personnel to the platoon as needed. It correlates data pertaining to animal casualties and prepares and submits the required reports and returns pertaining thereto. These are forwarded through the hospital headquarters to appropriate higher headquarters. A morning report of animals hospitalized is submitted daily as a basis for forage supply. The platoon headquarters receives from the receiving section the Emergency Veterinary Tag (WD AGO Form 8-137) for every animal admitted to the hospital. Disposal of the form is as follows: the duplicate form in the case of animals destroyed or returned to duty is completed and inclosed

with the next veterinary report of sick and wounded animals. When animals are transferred, the proper duplicate WD AGO Form 8-137 is withdrawn from the file, proper entries are made pertaining to the date and unit receiving the evacuated animals, and the form is delivered to the noncommissioned officer in charge of the evacuating unit. The original EVT of animals destroyed or returned to duty is examined at platoon headquarters and after needed data are extracted, such forms are destroyed. The veterinary report of sick and wounded is a responsibility of the hospital commander. It is, however, prepared at basic platoon headquarters and consists of WD AGO Form 8-129, and all duplicate WD AGO Forms 8-137 of cases completed during the month or period. The report is prepared in triplicate. One copy is sent direct to the chief surgeon (veterinarian), one to the army surgeon (veterinarian) if operating with an army, and one is retained. A hospital log must be initiated by the receiving section. This log of animal casualties becomes a part of the records in platoon headquarters, and is further used for entries concerning disposition. The log becomes a running tabulation of all cases in or having been in the installation and is valuable as a source of data required for reports demanded by higher authority on brief notice. Cases admitted to the veterinary evacuation hospital are disposed of in one of several ways utilizing elements of the veterinary company separate, or motor evacuation section, veterinary. Cases requiring a rest period are transferred to a veterinary convalescent hospital. Cases requiring definitive treatment are transferred to a veterinary general hospital. Animals fit for duty are transferred to a remount unit. There will be certain cases of death or destruction.

(b) The *receiving section* consists of necessary enlisted personnel. This section examines, classifies, and distributes within the installation, all incoming casualties. It operates the property exchange and, assisted by personnel of platoon headquarters, examines, admits, classifies, assigns to wards or sections and delivers to such

wards or sections all animals brought to the unit for hospitalization. The original Emergency Veterinary Tag (WD AGO Form 8-137) on the animal is checked. The duplicate Form 8-137 is received from the noncommissioned officer in charge of the evacuating unit. Both are checked and verified. Pertinent data are extracted from the EVT and entered in the log of animal casualties. Animals received at the veterinary evacuation hospital not previously tagged, such as stray or captured animals, are carded. Animals having contagious or infectious diseases, or those suspected as contacts or carriers, or captured animals go directly from the receiving section to the contagious ward.

(c) The *operating section* has a noncommissioned officer (section leader) and the other necessary enlisted men. This section establishes and operates a combined dressing and operating department wherein it performs such technical operations as are beyond the scope of ward facilities. Such measures may be definitive, palliative, or merely procedures incident to the preparation of casualties for further evacuation. These operations may be performed on cases while en route from the receiving section to the wards, or after preliminary treatment in a ward, or immediately prior to evacuation.

(d) The *pharmacy section* generally operates under a noncommissioned officer and the additional necessary enlisted men assigned. This section operates a pharmacy preparing and dispensing veterinary medicines, drugs, and special solutions. It acts as the storage and issuing agency for all prophylactic and diagnostic biologicals. In addition, it carries on simple veterinary laboratory procedures.

(e) The *forwarding and evacuation section* functions under a noncommissioned officer with the necessary additional enlisted men. The section acts in a capacity analogous to that of a bearer section of a unit handling sick and wounded personnel. Its personnel removes from the various wards all animals to be evacuated or returned to duty, assembles them at a designated point

and assists the evacuating unit in attaching the animals to lead lines or loading them into veterinary ambulances or other transport.

(4) *Ward platoon.* (a) *Headquarters.* This platoon is commanded by a veterinary officer and the platoon headquarters has a platoon sergeant, clerk, and orderly. There is sufficient officer and enlisted personnel to carry on the prescribed duties. The platoon is charged with the care and treatment, other than such specialized procedures as are performed by the operating section basic platoon, of all animal casualties admitted to the hospital. The ward commanders in consultation with the commander of the operating section basic platoon, make decisions as to which animals will be destroyed, acting within the policies or directives of the hospital commander or higher authority. Periodically or on call, the platoon headquarters reports to hospital headquarters and to the commander, basic platoon, the number of animals in each ward according to type, whether medical, surgical, or contagious; the number of animals ready for evacuation or duty; and the number of animals for which space and facilities are available.

(b) The *surgical ward* is generally in charge of the platoon commander and has the requisite number of non-commissioned officers and other enlisted men. The surgical ward cares for casualties operated in the basic platoon, and administers minor surgical treatment to its assigned patients. Each ward commander is responsible for the safeguarding of the records of animals with the section; for the proper entries thereon; and for their correct disposition.

(c) The *medical ward* is usually commanded by one of the junior veterinary officers who has a suitable number of enlisted assistants. This ward is charged with the care of casualties requiring medical treatment, or casualties not held in the surgical or contagious wards. The commander is charged with the maintenance of the necessary records.

(d) A veterinary officer is in charge of the *contagious ward* and has the requisite number of noncommissioned officers and other enlisted men. The officer in charge is responsible that communicable disease control regulations are carried out properly. This ward receives all cases of communicable diseases; cases known or suspected as contacts as well as captured animals admitted to the hospital.

301. EQUIPMENT. The veterinary evacuation hospital is equipped in accordance with T/O & E 8-780. A few of the more important items are as follows: large wall tent flies, squad tents, small wall tents, and one "Unit Equipment, Veterinary Evacuation Hospital, 97345." This Medical Department equipment list contains such items as veterinary gas casualty sets, general operating case, dental case, foot cases, restraint chests, post mortem case, mallein test cases, intravenous outfits, and such other articles as operating knives, syringes, both hypodermic and dose, sterilizers, etc. Also included are some of the more essential veterinary professional books.

302. TRANSPORTATION. Organic motor transportation includes a few light and heavy trucks and water trailers. It is not sufficient to move the personnel or equipment.

303. TRAINING. a. Responsibility. The hospital commander is responsible for all training of the unit other than for such training as may be combined with that of other units, in which case he is responsible only for the participation of his own unit.

b. Management. Acting within the limits of the general training directives issued by the chief surgeon and the chief veterinarian, the hospital commander prepares his unit training plan, programs, and schedules; assigns instructors; and arranges other details and training facilities. Utilizing his officers as instructors in appro-

priate subjects, he makes such training inspections as are necessary to insure progressive training and the attainment of the proper objectives. Group training is managed by platoon commanders, unit training by the hospital commander.

c. Scope. (1) *Individual.* (a) *Clerks.*

1. The corporal in the hospital headquarters is trained in the duties of a company clerk, and in addition is trained in the preparation of such reports and returns as are required by all veterinary hospitals in the theater of operations.
2. The clerk assigned to the basic platoon is trained in the checking, preparation, and disposition of WD AGO Form 8-137, the recording of hospital admissions, and the preparation of the veterinary report of sick and wounded animals.
3. The clerk assigned to the ward platoon is trained in the safeguarding, making of entries therein, and the disposition of the records of hospitalized animals; and in the preparation of reports rendered by the various wards and sections.

(b) *Orderlies, stable.* Certain enlisted men from each section of the ward platoon are trained in the general care, handling, and feeding of sick and injured animals; and in veterinary sanitation as it pertains to stables, wards, and picket lines.

(c) *Wardmaster (sergeant, veterinary).* Trained in ward administration and in other duties including those of a stable sergeant.

(d) *Miscellaneous.* All technicians shown in Tables of Organization must receive proper training. These will include bugler; chauffeur; cooks, horseshoer, clinical; mechanic, general; mess sergeant; motorcyclist; orderlies; drivers, ambulance (horse).

(2) *Unit.* (a) Conducted by the commander's assistant, the personnel of headquarters are trained as a group in the establishment and operation of the hospital headquarters and the various service elements of the hospital such as supply, mess, and transportation.

(b) The platoons, under the direction of the respective platoon commanders, are trained as groups in the establishment and operation of the portions of the hospital for which each is responsible.

(c) The unit, as a whole, is trained in the packing and unpacking, loading and unloading of equipment; the establishment and simulated operation of the hospital under canvas and existing shelter and under varied conditions of weather and terrain; and, with transport secured through appropriate channels, movement of the unit with equipment, accomplished under simulated combat conditions, thus allowing for training in cover, concealment, and camouflage of vehicles, and the various methods of individual and unit defense against air attack and observation.

(4) *Combined.* Combined training for the veterinary evacuation hospital is rarely feasible and of questionable value, except that during large-scale maneuvers an opportunity is presented for the perfection of unit training; that is, the movement, establishment, and actual operation of the unit installation.

(5) *Drills and ceremonies.* (a) *Drill.* For purposes of insuring the proper discipline and soldierly bearing for the unit personnel, drill is utilized routinely throughout the training period and as often thereafter as indicated to preserve the standards attained. Such drill is dismounted and in accordance with FM 22-5.

(b) *Ceremonies.* The unit seldom participates in ceremonies but when so ordered forms as an infantry company, dismounted, the internal functional organization of the unit being disregarded. For inspections requiring the participation of the unit transport, appropriate sections of FM 22-5 are utilized, with such modifications as may be indicated.

304. INSTALLATION. a. Designation. The unit establishes one veterinary evacuation hospital.

b. Capacity. The hospital has a normal capacity of 150 animals, but may be expanded in an emergency to care for approximately 300 animals.

c. Location. The following considerations enter into the location of a veterinary evacuation hospital, bearing in mind that this unit should be located as far forward in the corps area as possible:

- (1) Location of the animal population of the army.
- (2) Location and operations of army cavalry.
- (3) Location of the installations of the first and second echelons of veterinary service.
- (4) Water and existing shelter.
- (5) Motor roads from forward installations and to the veterinary convalescent hospital, remount depot, and railhead for rearward shipments to veterinary general hospitals.

d. Physical arrangement. No conventional arrangement is prescribed. The following procedure should be observed whenever possible:

- (1) Receiving department and the hospital headquarters are located on the road leading from the front.
- (2) Operating section establishes its facilities adjacent to the receiving department.
- (3) The surgical ward should be adjacent to the operating section.
- (4) The contagious ward should be located so as to facilitate admission of animals directly (without passing through the receiving department) and to achieve complete segregation from the remainder of the hospital.

e. Establishing hospital. Upon arriving at the site of the installation, the hospital commander—

- (1) Designates the general location of the various sections and departments.
- (2) Limits the extent of the initial establishment and announces any desired priorities. Prior to operating under combat conditions, the hospital commander designates a basic unit, that is, certain portions of the installation which are to be routinely established in every situation. These include the headquarters, the receiving department, the operating department, one section of each ward of the ward platoon, the mess for personnel,

and certain sanitary installations. A routine priority list within the basic unit is also highly desirable.

(3) Leaves to subordinate commanders the details of exact locations of their departments, the actual establishment thereof, and the installation of appropriate equipment therein. Such commanders proceed at his command and promptly notify him when their respective departments are ready for operation.

f. Operation. (1) *Sources of patients.* The sources of patients are veterinary aid and treatment stations.

(2) *Headquarters.* The unit being at station, the personnel of headquarters coordinates all activities of the hospital, makes such changes in personnel distribution as may be indicated, and operates all service facilities. It arranges with the veterinarian of the army or other unit which the hospital may be serving for evacuation by a veterinary company, separate, or motor evacuation section, veterinary, of animals to veterinary convalescent hospitals, to railhead for shipment to veterinary general hospitals of cases requiring special treatment, and to remount units of animals ready for duty. The headquarters maintains liaison with veterinary installations within the army or unit area, from which and to which animals are being evacuated. It prepares and forwards all reports and returns pertaining to unit personnel, and checks and forwards all reports prepared by the headquarters of the basic platoon pertaining to animal casualties.

(3) *Receiving department.* Operated by the personnel of the receiving section of the basic platoon augmented by the personnel of the platoon headquarters, this department examines, admits, classifies, assigns to ward and section, and delivers to such wards all animal casualties brought to the hospital and for which hospitalization is indicated. Responsibility regarding animal casualty records for animals—

(a) *Already tagged.* The attachment of the original Emergency Veterinary Tag (WD AGO Form 8-137) to the animal's halter is verified. The duplicate is

obtained from the senior noncommissioned officer of the evacuating unit bringing the animal to the hospital. Both the original and the duplicate are checked for correctness and omissions, the former being corrected immediately and the latter filled in, if the information is obtainable either from the delivering personnel or from an examination of the animal. Pertinent data are abstracted from the EVT and entered in a log of animal casualties admitted to the installation. The animal with the original EVT attached is then assigned to a ward and delivered thereto, the duplicate being sent to the headquarters of the basic platoon, usually located in or adjacent to the receiving department.

(b) *Not tagged.* A WD AGO Form 8-137 is initiated, the original attached to the animal's halter, the log entry made, and the duplicate sent to the basic platoon headquarters. The triplicate is filed, either in the receiving department or in the headquarters of the basic platoon, as a permanent record.

(c) *Admitted directly to contagious ward.* The procedure is the same, except that receiving personnel check or initiate such records in the contagious ward rather than in the receiving office.

(4) *Ward platoon.* All divisions of the ward platoon operate such wards as are necessary in the care of the animal casualties admitted to the installation, rendering such routine care and treatment as are indicated. Each ward makes such periodic reports of animals therein and available space for additional cases as may be required by the hospital commander. In addition to these reports, each ward commander is charged with the following responsibilities regarding the records of animal casualties:

(a) *Animals returned to duty.* The EVT is removed from the animal when the latter is taken over by the personnel of the forwarding and evacuating section, notation made thereon of the date, method of disposition, and the receiving unit, and the tag sent to the headquarters of the basic platoon.

(b) *Animals transferred to another veterinary installation.* The presence of the original EVT on the animal's halter is verified, its legibility checked, and all appropriate entries made thereon. At the same time, the headquarters of the basic platoon is duly notified of the disposition, sufficient data being included to facilitate identification of the proper duplicate on file in that office.

(c) *Animals dying or destroyed.* Procedure is as in (a) above.

(5) *Operating and pharmacy sections.* Perform appropriate technical procedures as indicated. The personnel of the operating section assist the various sections of the ward platoon, especially the surgical ward, in special treatment procedures and in the preparation of animals for further evacuation, for example, pathological shoeing.

(6) *Forwarding and evacuating section.* Assembles, usually in the vicinity of the receiving department, such animals as are being evacuated or returned to duty and assists in their loading on transport or attachment to lead lines. The section assumes no responsibility regarding casualty records.

(7) *Headquarters basic platoon.* This office, besides correlating and controlling the operations of all sections of the platoon, is the office of record for animal casualties. It receives from the receiving office the duplicate WD AGO Form 8-137 of every animal admitted to the hospital. Disposal of Form 8-137 is as follows:

(a) *Duplicate.*

1. *Animals destroyed or returned to duty.* The duplicates are completed and inclosed with the next veterinary report of sick and wounded animals (see (c) below).
2. *Animals transferred.* From information furnished by the various wards, duplicate Form 8-137 for animals being transferred to other veterinary installations is withdrawn from file, proper entries made pertaining to date and the unit re-

ceiving and evacuating animals, and the form inclosed in the envelope and delivered to the officer or senior noncommissioned officer in charge of the evacuating unit.

(b) *Original.* The original EVT of animals destroyed or returned to duty is delivered to the animal casualty office where, after any pertinent data are abstracted, such record is destroyed.

(c) *Veterinary report of sick and wounded.* While the responsibility rests with the hospital commander, the commander of the basic platoon and his headquarters prepare for the commander a monthly veterinary report of sick and wounded animals on WD AGO Form 8-129. The report is prepared in triplicate, one copy being forwarded direct to the chief surgeon (chief veterinarian), one to the army surgeon (army veterinarian), if operating with an army, and a third retained for file within the hospital. Each report is accompanied by the duplicate WD AGO Form 8-137 of all cases completed (by death or return to duty) during the month. The second and third sections of WD AGO Form 8-129 may be submitted more frequently if so desired by higher authority. (For further details see AR 40-2235.)

(d) *Hospital log of animal casualties.* Initiated in the receiving department, the hospital log of animal casualties becomes a part of the casualty records within the platoon headquarters, and is further utilized for entries of dispositions. The log thus becomes a running tabulation of all cases in or having been in the installation, and is invaluable for extracting data rapidly for reports and returns required on short notice. The log is a hospital record and is never forwarded to higher authority.

g. Disposition of animal casualties. Cases admitted to the veterinary evacuation hospital are disposed of by one of the following procedures, utilizing elements from the separate veterinary company or motor evacuation section, veterinary:

(1) Transfer to the veterinary convalescent hospital of cases requiring further convalescent treatment.

(2) Transfer to railhead for shipment to a veterinary general hospital, patients requiring more definitive treatment than can be given at the evacuation hospital.

(3) Transfer to a remount unit of cases fully recovered from illness or injury and fit for duty.

(4) In exceptional cases where circumstances warrant and distances permit, return of recovered animals directly to the unit from which received.

(5) Death or destruction.

305. ADMINISTRATION. a. Personnel. The unit headquarters prepares and renders the usual personnel reports and returns, such as morning report, reports of casualties among unit personnel, etc.

b. Animals. All reports concerning animal casualties are prepared for the signature of the hospital commander in the headquarters of the basic platoon (animal casualty office), and forwarded through the hospital headquarters to appropriate higher headquarters. A morning report of animals hospitalized is submitted daily as a basis for forage supply.

c. Messing. The unit has the personnel and equipment for operating one enlisted men's and one officers' mess. When the installation is moving its location by leapfrogging its equipment and personnel, a portion of the personnel is attached to the most convenient medical or other unit for rations.

d. Supplies. Class I supplies are received automatically, either at the installation or at a designated distributing point established for army troops. Supplies other than Class I are obtained from appropriate army depots by formal or informal requisition.

e. Care of sick and injured personnel. Sick and injured personnel, the unit being inactive or at station, are reported to designated medical installations for care and treatment.

CHAPTER 27

VETERINARY CONVALESCENT HOSPITAL

306. GENERAL. The veterinary convalescent hospital is a theater headquarters unit and as such will be assigned wherever needed. It is an independent, self-contained unit but will be under the control of the commander of the force to which attached. This hospital may operate in either the army service area or communication zone. It is a fixed type installation and has a normal capacity of 500 animals and an emergency capacity of 1000.

307. ORGANIZATION (T/O & E 8-790). The veterinary convalescent hospital is composed of a headquarters, an operating and clearing section, and a hospital section. (See fig. 166.)

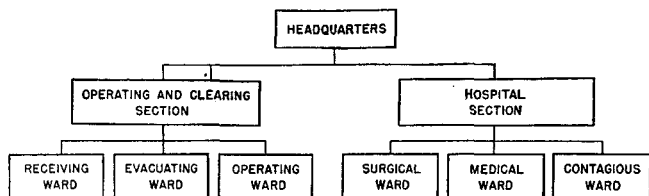


Figure 166. Functional organization of veterinary convalescent hospital.

308. FUNCTION. **a. General.** The veterinary convalescent hospital is an advanced unit designed to keep convalescents from further rearward progress. It relieves the load of veterinary evacuation hospitals by receiving from them the cases requiring no further active treatment but needing more prolonged convalescent treatment. It will also receive and hospitalize animal

casualties from organizations located in the immediate vicinity of the hospital. Under normal conditions the veterinary convalescent hospital releases the most of its animals to the remount depot and further evacuation of casualties from this unit would be only under exceptional circumstances. Casualties received from units located in the immediate vicinity of the hospital will be returned to their respective units when ready for duty.

b. Headquarters section. (1) *General.* This section, while under the command of the hospital commander, is actually operated and supervised by a Medical Administrative Corps officer. The hospital commander devotes the greater part of his time to the operating and clearing section. Headquarters section compiles all personnel records and conducts other administrative details of the hospital except the preparation of veterinary reports and returns.

(2) *Commanding officer.* A Veterinary Corps officer is responsible for the organization, function, training, administration, and discipline of the hospital. He makes all assignments of personnel within the unit and exercises sufficient direction over his subordinates to insure successful teamwork.

(3) *Medical administrative assistant.* The Medical Administrative Corps officer is the administrative assistant of the commander. He functions in the capacity of hospital adjutant, the detachment commander, and operates such other activities (mess, supply, transportation, etc.) as the commander may assign to him.

(a) *Mess group.* This section operates one officers' mess and one enlisted men's mess for the personnel of the hospital.

(b) *Supply group.* This section, under the direction of the Medical Administrative Corps officer, is responsible for requisition, storage, and issue of all supplies (medical and general) used in the hospital and the keeping of appropriate records. One noncommissioned officer is responsible for medical supplies and one is responsible for general supplies.

(c) *Utilities group.* This section is composed of individuals who are specialists and their duties cover certain activities and services that are more or less general for the hospital. Individuals composing this section would be the stable sergeant, forage inspector, carpenters, saddle and harness maker, and sanitary technician.

(d) *Transportation group.* This section, under the direction of the motor noncommissioned officer, operates and performs first echelon maintenance for the organic motor transport of the hospital.

c. Operating and clearing section. This section is under the direct supervision of the commanding officer of the hospital. He is assisted by an officer of the veterinary corps and a number of enlisted technicians. It is organized into three main parts as follows: receiving ward, evacuating wards, and operating ward.

(1) *Receiving ward.* All animal casualties arriving at the hospital enter the receiving ward. They are examined, their emergency veterinary tags are checked, and each case is classified. The animals are then distributed to the proper ward of the hospital section. Animals having a communicable disease or suspected of same will be routed directly to the contagious ward and not processed through the receiving ward. Personnel of the receiving ward will maintain a veterinary log of animal casualties for the hospital and will prepare all data necessary for the veterinary reports and returns required to be submitted.

(2) *Evacuating wards.* The evacuating wards care for all animals admitted thereto pending their return to duty. Normally, no animals requiring special treatment or observation are placed in such wards, hence the majority of the animals received are transferred to the evacuating ward from the wards operated by the hospital section. The animals are held in the evacuating ward until the necessary conditioning and corrective or normal shoeing can be accomplished. Evacuation of these animals to the remount depot will normally be performed by a veteri-

nary company, separate, or a motor evacuation section, veterinary.

(3) *Operating ward.* This ward will be under the direction of a Veterinary Corps officer who is also assistant to the operating and clearing section commander. It establishes and operates a combination dressing and operating station wherein it performs such technical surgical procedures as are beyond the scope of facilities of wards of the hospital section. It also operates the hospital pharmacy and laboratory.

d. Hospital section. (1) *General.* The section is directed by a Veterinary Corps officer who also is executive officer of the hospital. He is assisted by two officers of the Veterinary Corps and a number of enlisted technicians. The section is organized into three parts as follows: surgical wards, medical wards, and contagious wards. (See fig. 166.)

(2) *Functions.* The hospital section is charged with the care and treatment of all animal casualties admitted to the hospital other than such specialized procedures as are performed by the operating ward of the operating and clearing section. The surgical and medical wards receive suitable cases. The contagious ward receives all cases of communicable diseases, cases known or suspected of having had contact with such, as well as all strays, stragglers, and captured animals admitted to the hospital. Ward commanders, in consultation with the commander of the hospital, make decisions as to which animals it may be necessary to destroy, acting of course within the policies and directives of higher authority. Periodically or on call, the commander of the hospital section will report to hospital headquarters and the receiving ward (in charge of animal casualty records) the following information: number of animals in each ward and grouped by type, that is, surgical, medical and contagious; number of animals ready for duty; amount of space and facilities available for casualties (by wards).

309. INSTALLATIONS. **a. Location.** The unit establishes one veterinary convalescent hospital with a normal

capacity of 500 animals. The location of the hospital will be governed by the animal population, terrain, and cover. It should be located as centrally as possible to the veterinary evacuation hospitals from which it is receiving casualties. There should be an adequate water supply and shelter. For the type of cases handled by this installation, availability of pasturage would aid materially in the restoration of the casualties to a duty status. Good road nets are essential to and from the hospital and the location of the hospital should be coordinated with the remount service in the establishing of field remount depots in order that the transfer of animals to the remount service when released from the hospital can be expedited by having the installations located in close proximity.

b. Physical arrangement. No conventional arrangement is prescribed but the following is a suggested procedure:

(1) Receiving ward and hospital headquarters located nearest the entrance to the area occupied by the hospital.

(2) Operating ward adjacent to the receiving ward.

(3) Surgical ward adjacent to operating ward and medical ward in the immediate vicinity.

(4) Contagious ward located to facilitate admission of animals directly, without passing through the receiving ward, and to achieve complete segregation from the remainder of the hospital.

(5) Evacuating ward located in immediate vicinity of medical and surgical wards.

310. EQUIPMENT. The veterinary convalescent hospital is equipped in tentage with large wall tent flies and squad tents. It has one "Unit, Equipment, Veterinary Convalescent Hospital, 97335." Some of the more important items of this list being dispensing cots, instrument sterilizers, dental cases, general operating cases, animal stocks, operating table, and sundry items such as hypodermic syringes, hoof knives, dose syringes, drugs, and a number of professional books.

311. TRANSPORTATION. The transportation of the hospital consists of a few light and several heavy trucks. In addition to the motor transportation the hospital is provided with mules for escort wagons.

312. TRAINING. a. General. The hospital commander is responsible for all training except combined training with other units. For the latter, the responsibility rests with higher authority. The hospital commander makes training inspections to insure proper progress of training and the attainment of the prescribed objectives.

b. Individual training. This phase of training is very important because of the great number of responsible and very specialized jobs in a hospital. In addition to basic and technical training, many men must be trained in special technicians' schools.

c. Unit training. Those individuals in charge of the various wards of the hospital will supervise section or ward training. The ability to work as a team is essential. The personnel of each ward should train as a group in the packing and unpacking of equipment and the establishment of that part of the hospital for which they are responsible. Unit training should include establishment of hospital; the breaking down of the installation; heavy tent pitching; entrucking and detrucking, and loading of railroad cars if possible. Emphasis should be placed on training in cover, concealment, and camouflage of vehicles and the various methods of individual and unit defense against air attack and observation.

d. Combined training. This is possible only on large-scale maneuvers.

313. DRILLS AND CEREMONIES. a. Drill. For purposes of insuring the proper discipline and soldierly bearing for the unit personnel, drill is utilized routinely throughout the training period and as often thereafter as is indicated to preserve the standards attained. Such drill is dismounted and in accordance with FM 22-5.

b. Ceremonies. The unit when participating in ceremonies forms as an infantry company, the functional organization of the hospital being disregarded.

314. ADMINISTRATION. a. Personnel. The unit headquarters prepares and renders the usual personnel reports and returns, such as morning reports, to the next higher commander as directed.

b. Animal. All reports concerning animal casualties are prepared for the signature of the hospital commander in the receiving ward of the operating and clearing section and forwarded through hospital headquarters to the appropriate higher headquarters. A morning report of animals hospitalized is submitted daily as a basis for forage supply.

c. Supply. Class I supplies are received automatically, either at the installation or at a designated distributing point. Supplies other than Class I are obtained from appropriate supply depots by formal or informal requisition.

d. Care of sick and injured. Sick and injured personnel are reported to designated medical installations for care and treatment.

CHAPTER 28

VETERINARY STATION HOSPITAL, C. Z.

315. ORGANIZATION (see T/O & E 8-760). There are two types of this unit depending on size and capacity. These capacities are 150 and 300 patients respectively. It is designed for use in the communications zone. The station hospital is organized into a headquarters, an operating section, and a ward section. (See fig. 167.)

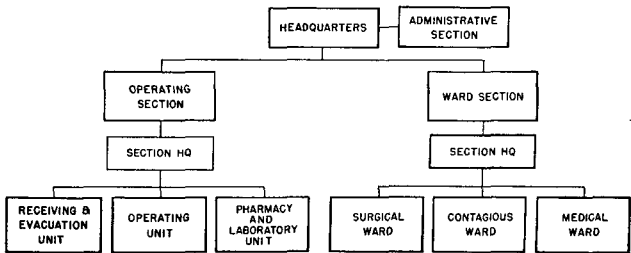


Figure 167. Organization of veterinary station hospital.

316. FUNCTIONS. a. General. The veterinary station hospitals, communications zone, belong to theater reserve and are under control of the communications zone commander or, more particularly, the communications zone surgeon (his assistant the veterinarian) unless assigned to some unit. These hospitals are fixed units and, operating in the communications zone, are intended to provide veterinary service and care for animals of the zone at ports, concentration centers, training areas, rest areas, remount units, and in any situation where there is a sufficient concentration of horses and mules to require a veterinary hospital. These hospitals do not receive battle casualties. They are not part of the

echelon of evacuation. These units are equipped to give definitive treatment.

b. Special. (1) *Headquarters.* (a) The unit is commanded by the senior veterinary officer assigned and present for duty. He is responsible for the administration, discipline, training, and operation of his unit. The hospital commander is under the unit commander to which the hospital is assigned, for example, a port or remount unit. He is responsible to the unit commander or, more particularly, the surgeon (veterinarian).

(b) *Headquarters personnel.* The headquarters consists of the commander, one commissioned assistant of the veterinary corps who acts as adjutant, and such enlisted assistants as are necessary for the operation of the headquarters and general administration. The commissioned assistant relieves the commander of administrative details.

(2) *Administrative sections.* (a) The enlisted personnel of headquarters includes the first sergeant, mess, supply, and stable sergeants, clerks, bugler, etc. The headquarters is with the hospital wherever it may be established.

(b) *Mess.* The mess is under the general direction of the commissioned assistant to the commander. Under him is the mess sergeant and cooks and cooks' helpers. The unit operates an officers' mess and an enlisted men's mess.

(c) *Supply.* This section operates under the supply sergeant and is charged with the procurement, storage, and issue of general and medical supplies, and the keeping of prescribed records and accounts.

(d) *Clerical.* The clerical section generally operates with one clerk in case of the small hospital, and three clerks in the case of a large hospital. The clerks are responsible under the adjutant for the preparation of personnel reports and returns, routine correspondence, and the preparation of veterinary reports and records, such as the veterinary report of sick and wounded animals, and the filing and maintenance of records. The clerical force

of headquarters receives the WD AGO Form 8-137 for each animal admitted to the hospital from the unit or units it serves. In a few instances, animals may be received at the hospital which have not been carded. In these cases, the Form 8-137 will be initiated. The veterinary report of sick and wounded animals consists of the duplicate copy of Form 8-137 of cases completed by return to duty, death, or destruction, during the month or period covered by the report, and the WD AGO Form 8-129. The report of sick and wounded is usually rendered monthly, but may be required for lesser periods in a theater of other command. The completed report (Forms 8-137 and 8-129) is forwarded through proper channels to the surgeon, communications zone. A hospital log is a convenient and valuable record and should be maintained by the clerical section of headquarters. All cases entering the hospital are recorded therein, together with diagnosis and disposition. The log becomes a running tabulation of all cases in or having been in the hospital and is valuable as a source of information for reports required by higher authority.

(3) *Operating section.* This section is commanded by a veterinary officer and has the noncommissioned officers and other enlisted men necessary for its operation.

(a) *Section headquarters personnel.* Consists of a veterinary officer and a noncommissioned officer (ward, veterinary). It regulates the operations of the section and assigns personnel to the units of this section as needed. The operations of these units are supervised and coordinated.

(b) *The receiving and evacuating section,* under direction of the operating section commander, admits patients to the hospital; checks and verifies the original and duplicate Forms 8-137 submitted with the patient; and assigns the patient to the proper ward. It also prepares patients ready for duty or transfer, for return to the parent or other unit, and makes arrangements for the disposal of those which died or were destroyed.

(c) The *operating unit* will be under the supervision of the commander of the operating section in the small hospital, and will be under the direct command of a junior veterinary officer in the large hospital. There will be a noncommissioned officer (ward, veterinary) in either case, and appropriate surgical technicians. This unit operates a combined dressing and operating department wherein are performed the more important operations and surgical procedures. These operations may be performed on cases while en route from the receiving unit to the wards or after preliminary treatment in a ward, or before evacuation.

(d) The *pharmacy and laboratory unit* operates with one pharmacy technician in the case of the small hospital and two in the case of the large hospital. This unit prepares and dispenses veterinary medicines, drugs, and special solutions. It acts as the storage and issuing agency for all prophylactics and biologics. In both large and small hospitals, a laboratory technician is assigned to perform routine laboratory examinations.

(4) *Ward section.* (a) *Headquarters.* This section is commanded by a veterinary officer and has a non-commissioned officer (ward, veterinary) in the section headquarters. This section is charged with the care and treatment of animal casualties admitted to the hospital except cases handled by the operating section. The ward commander consulting with operating section makes decisions as to which animals will be destroyed or otherwise disposed of. Periodically or on call, the ward section headquarters reports to the hospital headquarters the number of animals in each ward according to type, whether medical, surgical, or contagious; the number of animals ready for duty; and the amount of space available.

(b) The surgical ward will be under the command and supervision of the ward section commander in the case of the small hospital, and will probably be commanded directly by a junior officer of the veterinary corps in the case of the large hospital. There will be a noncommissioned officer (ward, veterinary) and the

necessary enlisted technicians. The surgical ward cares for casualties operated upon in the operating section, and administers minor surgical treatment to its assigned patients. Each ward is responsible for the preparation and keeping of records of animals assigned to it.

(c) The medical ward will function under the ward section commander and will have the necessary noncommissioned officers and technicians. This ward is responsible for the care of patients requiring medical treatment or those not held in the surgical or contagious wards. The necessary records are maintained.

(d) The contagious ward functions under the ward section commander and receives all cases of communicable disease, as well as contacts and suspects. It should be well removed from other wards or units.

317. EQUIPMENT. Items of equipment for the veterinary station hospital are issued in accordance with the size of the unit. For tentage the larger unit is generally supplied with nine squad tents, one small wall, one pyramidal, and four large wall tent flies; the smaller unit is issued the same items of tentage except that the number of squad tents is reduced to six. Each hospital is issued one "Unit Equipment Veterinary Station Hospital, CZ, 150 patients (300 patients) 97361." Important items on this Medical Department equipment list are veterinary dispensing set, electric instrument sterilizers, cautery case, Mallein test case, veterinary post mortem case, complete dental case, foot case, general operating case, restraint chest, animal stocks, operating table, and sundry items of medical and surgical equipment such as knives, forceps, syringes, etc. Also listed is a small library of professional books.

318. TRANSPORTATION. Organic motor transportation consists of a few light and heavy trucks and one van type two-wheel, two-horse trailer.

319. TRAINING. a. Responsibility. The hospital commander is responsible for all training of the unit other than for such training as may be combined with that of other units, in which case he is responsible only for the participation of his own unit.

b. Management. Acting within the limits of the general training directives issued by the chief surgeon and the chief veterinarian, the hospital commander prepares his unit training plan, programs, and schedules; assigns instructors; and arranges other details and training facilities. Utilizing his officers as instructors in appropriate subjects, he makes such training inspections as are necessary to insure progressive training and the attainment of the proper objectives. Group training is managed by platoon commanders, unit training by the hospital commander.

c. Scope. (1) *Individual.*

(2) *Specialist.* (a) *Clerk.* The clerk or clerks at headquarters are trained in the duties of a company clerk and, in addition, in the preparation of such reports and returns as are required by veterinary hospitals in the theater of operations.

(b) *Orderlies, stable.* Certain enlisted men from each subsection of the ward section are trained in the general care, handling, and feeding of sick and injured animals, and in veterinary sanitation as it pertains to stables, wards, and picket lines.

(c) *Wardmaster (sergeant, veterinary).* These men are trained in ward administration and other duties including those of a stable sergeant.

(d) *Miscellaneous.* All technicians shown in T/O 8-760 must receive proper training. These include buglers, chauffeurs, cooks, horseshoers, leatherworkers, mess personnel, veterinary technicians, etc.

(3) *Unit.* (a) The personnel of headquarters is trained as a group in the establishment and operation of the hospital headquarters and the service elements of the hospital such as supply, mess, and transportation. The sections train under their respective commanders as

groups in the operation of the portions of the hospital for which responsible.

(b) The hospital as a unit, is trained in the establishment and operation of the hospital under tentage or existing shelter. There should be training in moving the unit with equipment, also in cover, concealment, and camouflage, and unit defense against air observation and attack.

(c) For purpose of insuring the proper discipline and soldierly bearing for the unit personnel, drill is utilized routinely throughout the training period and as often thereafter as indicated to preserve the standards attained. Such drill is dismounted and in accordance with FM 22-5.

(d) *Ceremonies.* The unit seldom participates in ceremonies but when so ordered forms as an infantry company, dismounted, the internal functional organization of the unit being disregarded. For inspections requiring the participation of the unit transport, appropriate sections of FM 22-5 are utilized, with such modifications as may be indicated.

320. INSTALLATION. **a. Designation.** The unit establishes a veterinary station hospital, communications zone.

b. Capacity. The hospital has a capacity of 150 patients or 300 patients.

c. Location. This hospital is normally located in the communications zone and near the unit which it serves. The availability of water, wood, shelter, and road net should be considered.

d. Physical arrangement. No conventional arrangement is prescribed. The following procedure should be observed whenever possible:

(1) The receiving and evacuating unit and hospital headquarters are located conveniently near each other.

(2) The operating unit establishes its facilities near the receiving and evacuating unit.

(3) The ward established for surgical cases is near the operating unit.

(4) The contagious ward should be so located that patients may be received and held without passing through or having contact with other groups of animals.

e. Establishment. When the unit arrives at the selected site, the commander designates the location of the various sections or units or he may leave to his subordinates the details of exact locations, the actual establishment of sections, and installation of equipment.

f. Operation. (1) The source of patients will be the unit or area which the hospital is serving.

(2) *Headquarters.* The unit being established, the personnel of headquarters coordinates all activities of the hospital, makes such assignments of personnel as may be indicated, and operates all service facilities. The headquarters maintains liaison with the unit or units it serves, and with the communications zone headquarters. It prepares and forwards all reports and returns pertaining to unit personnel and prepares and forwards routine or special veterinary reports relating to animal casualties.

(3) *Receiving and evacuating section.* This department is operated by its own personnel with possible assistance from the operating section headquarters. This unit examines, admits, classifies, and assigns to wards the various patients received, and delivers such patients to the wards. It also prepares animals for return to their unit when ready for duty. The original Form 8-137 on the animal is verified. The duplicate of this form is examined and checked for correctness. Pertinent data are extracted from the EVT and entered in the log of animal casualties. In certain instances, animals may arrive at the hospital which may not have been tagged or carded. In these cases, the receiving unit will report the matter to hospital headquarters where the necessary Form 8-137 will be prepared. Cases of communicable disease or contacts or suspects will be routed directly to the contagious ward.

(4) The ward section operates such wards as are necessary in the care of the animal casualties admitted to the installation, rendering the routine care and treatment indicated. Each ward makes periodic reports of animals therein and space available for additional cases. When an animal is returned to duty, the original EVT is removed from the halter, notation is made thereon of the date and method of disposition and the form is sent to hospital headquarters for note and destruction. The above also applies in the case of animals which die or are destroyed. Duplicate Forms 8-137 in cases completed by return to duty, or death, are checked and completed by final entries at hospital headquarters and forwarded with the next report of sick and wounded animals.

321. ADMINISTRATION. **a. Personnel.** The hospital headquarters prepares and renders the usual personnel reports and returns.

b. Animals. All reports concerning animal casualties are prepared for the signature of the hospital commander by the headquarters clerical personnel and forwarded through proper channels to the surgeon of the communications zone. A morning report of animals hospitalized is submitted daily as a basis for forage supply.

c. Messing. The unit has the personnel and equipment for operating one enlisted men's mess and one officer's mess. In case of movement of the unit, the personnel may be attached to the most convenient unit for rations.

d. Supplies. Class I supplies are received automatically, either at the installation or at a designated depot in the communications zone. Supplies other than Class I are obtained on requisition.

e. Care of sick and injured. Personnel of the veterinary station hospital are attached for care to the nearest unit operating a dispensary or aid station.

CHAPTER 29

VETERINARY GENERAL HOSPITAL

322. GENERAL. The veterinary general hospital is a theater unit and as such will be assigned where needed. It is an independent, self-contained unit but will be under the control of the commander of the force to which attached. This hospital is normally considered as a communications zone unit and is usually established well forward in this zone and under exceptional circumstances may be established in the rear of the army area. It is a fixed type hospital with a normal capacity of 500 patients.

323. ORGANIZATION (see T/O & E 8-750). The veterinary general hospital is composed of a headquarters, an operating and clearing section, and a ward section. (See fig. 168.)

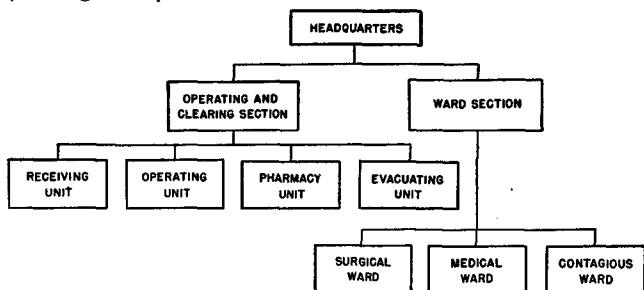


Figure 168. Functional organization of the veterinary general hospital.

324. FUNCTION. a. General. The veterinary general hospital provides the definitive treatment for animal casualties. All animals arriving at an evacuation hospital that need more extensive or longer periods of treat-

ment will be evacuated to the general hospital. Casualties may also be received from other veterinary hospitals. The veterinary general hospital is the rearmost installation in the chain of evacuation of animal casualties, and furnishes the final stage of hospitalization. Animal casualties will not be evacuated to the zone of the interior for hospitalization and those cases not considered economical to salvage are destroyed. All animals released from the hospital that are ready for duty are transferred to a field remount depot, except those animals that are received for treatment and hospitalization from organizations in the vicinity of the hospital. Such animals will be returned to their respective organizations when ready for duty provided the organization remains in the vicinity of the hospital.

b. Special. (1) *Headquarters.* (a) *Commanding officer.* A Veterinary Corps officer is responsible for the organization, function, training, administration, and discipline of the hospital. He establishes all policies and standard operating procedures; maintains general supervision over all departments, administrative and technical, of the hospital. He maintains liaison with the theater or communications zone veterinarian, as the case may be, regarding veterinary supplies, the condition of the installation, and movement or expansion of the hospital, and liaison with the commander of remount units designated to receive animals ready for duty. He makes such reports and returns, routine and otherwise, concerning personnel, animal casualties, and such, within the installation as may be required by higher authority.

(b) *Medical administrative assistant.* The Medical Administrative Corps officer is the administrative assistant of the hospital commander. He functions in the capacity of hospital adjutant, the detachment commander, and operates such other activities (mess, supply, and transportation) as the commander may assign to him.

(2) *Operating and clearing section.* This section is under the command of a Veterinary Corps officer who is

assisted by two other Veterinary Corps officers and a number of enlisted technicians. The section is organized into four units as follows: receiving, operating, pharmacy, and evacuating.

(a) *Receiving unit.* This unit examines, classifies, and distributes within the installation all incoming animal casualties except animals infected with a communicable disease or suspected of same. Such animals will be routed directly to the contagious ward and not processed through the receiving unit. Emergency veterinary tags on all incoming animals will be checked and duplicate copies of tags received with each animal will be forwarded to hospital headquarters. A log of animal casualties admitted will be maintained by this unit.

(b) *Operating unit.* This unit will be under the supervision of one of the Veterinary Corps officer assistants of the commanding officer of the operating and clearing section. It establishes and operates a combination dressing and operating station wherein it performs such technical and surgical procedures as are beyond the scope of facilities of the ward section of the hospital.

(c) *Pharmacy unit.* This unit operates a veterinary pharmacy, preparing and dispensing appropriate veterinary medicines and drugs. It acts as the storage and issuing agency for all veterinary biologics used in the hospital. In addition it performs simple veterinary laboratory procedures.

(d) *Evacuating unit.* The personnel of this unit remove from the various wards all animals to be returned to duty, assemble them at a designated point, and assist the evacuating unit in attaching the animals to lead lines or in loading them in veterinary ambulances. The animals will be given a final examination by this unit to determine that they are ready to be returned to duty, the necessary corrective or normal shoeing being accomplished at this time. This unit will be under the supervision of a veterinary Corps officer who is one of the assistants to the operating and clearing section commander.

(3) *Ward section.* (a) *General.* The ward section is under the command of a Veterinary Corps officer. He

is assisted by four Veterinary Corps officers and a number of enlisted technicians. The section is organized into three wards as follows: surgical, medical, and contagious.

(b) *Functions.* The ward section is responsible for the care and treatment of all animal casualties admitted to the hospital other than such specialized procedures as are performed by the operating and clearing section. The surgical and medical wards receive cases whose condition indicates the type of treatment required. The contagious ward receives all cases of communicable diseases, cases known or suspected of being contacts, and stragglers or captured animals admitted to the hospital. The surgical and medical wards will have two Veterinary Corps officers each, the senior being in charge and responsible to the ward section commander. Ward commanders in consultation with the ward section commander and the hospital commander will determine which animals will be destroyed, due to their condition. Periodically or on call, the commander of the hospital ward will report to hospital headquarters, the number of animals in each ward, grouped according to type; the number of animals ready for duty, and the amount of space and facilities available for casualties.

325. INSTALLATION. a. *Location.* The unit establishes one veterinary general hospital which has a normal capacity of 500 patients. It will be located as centrally as possible to the various veterinary installations from which animals will be received. It is desirable that it should be located near a railroad line to expedite the receipt of casualties from veterinary evacuation hospitals. A good road net is desirable for the movement of casualties from the combat zone. Adequate water is necessary and existing shelter is desirable. For the most efficient operation of the hospital adequate space must be provided for departments.

b. *Physical arrangement.* There is no prescribed plan for the establishment of the veterinary general hospital but the following is recommended: the receiving

unit and hospital headquarters will be located nearest the entrance to the area occupied by the hospital; the operating unit adjacent to the receiving section; the surgical ward adjacent to the operating unit with the medical ward located in the immediate vicinity; the contagious ward located to facilitate admission of animals, without passing through the receiving unit and to achieve complete segregation from the remainder of the hospital; the evacuating unit in the immediate vicinity of the medical and surgical wards.

326. EQUIPMENT. The veterinary general hospital is normally equipped with seven large wall tent flies, thirteen squad tents, one "Unit Equipment, Veterinary General Hospital, 97350" and such other equipment that is normally supplied a field hospital. The medical department unit equipment list contains such important items as ophthalmoscopes, otoscope, dispensing sets, instrument sterilizers, intravenous outfits, operating table, restraint chests, general operating cases, slings, and stocks. Also professional books and a supply of blank veterinary forms.

327. TRANSPORTATION. The veterinary general hospital normally has the following organic motor transportation: one 6-ton combination animal and cargo semi-trailer with the 4- to 5-ton truck tractor; a 1-ton, two-wheel water tank trailer; and several light and heavy trucks. It also is provided with escort wagons and mules.

328. TRAINING. Training for the veterinary general hospital is similar to that for the veterinary convalescent hospital. The hospital commander is responsible for all phases of training except combined with other units and that responsibility rests with higher authority.

329. ADMINISTRATION. a. Personnel. Morning reports and such other personnel reports and returns as are required are prepared by hospital headquarters.

b. Animal. All reports concerning animal casualties are prepared in hospital headquarters and forwarded to appropriate authorities. Duplicate copies of Emergency Veterinary Tags received on animals admitted to the hospital are immediately forwarded to hospital headquarters for filing. A morning report of animals hospitalized is submitted daily as a basis for forage supply.

c. Supplies. (1) Class I supplies are automatic, being drawn daily at a designated supply point.

(2) Veterinary (medical) supplies are obtained from medical depots by requisition or by drawing upon established credits. The latter method is the one most commonly used in the theater of operations.

(3) Other supplies are obtained by requisition on the nearest depot of the branch concerned.

d. Care of sick and injured. Sick and injured personnel are reported to designated medical installations for care and treatment.

APPENDIX

GLOSSARY

Note. For definition of terms not listed, see TM 20-205.

Administration. All military activities not directly connected with tactical or technical functions. It includes reports, correspondence, military justice, supply, maintenance, food, shelter, etc.

Company. That administration carried out by companies, detachments, batteries, troops, or similar units. It includes such items as morning reports, sick book, company fund, company supply, etc. "Separate" companies carry out, in addition, personnel administration and some courts-martial procedures ordinarily carried out by battalion or regimental headquarters unless the separate company is attached to a battalion or group headquarters.

Advanced ambulance loading post. A point forward of the collecting station at which casualties are loaded onto ambulances for evacuation to the rear.

Advanced ambulance shuttle. An ambulance shuttle which is operated between a collecting station and an advanced ambulance loading post.

Air head. An airfield in the theater of operations to which supplies are brought by airplane for distribution to troops by other means of transportation.

Ambulance control post (ACP). A point at a crossroad or road junction at which a soldier is stationed to direct ambulances along the proper route.

Ambulance loading post (ALP). A point on the ambulance shuttle, normally the point farthest forward, where one or more ambulances are stationed to

receive patients for transportation. It is usually located at the collecting station.

Ambulance relay post (ARP). A point on the ambulance shuttle where one or more ambulances are stationed ready to advance to replace an ambulance which has left the next post forward.

Ambulance shuttle. A method of operating ambulance service in combat. It consists of one or more ambulance loading posts, one or more ambulance relay posts, and a basic relay post.

Arm. A branch of the Army primarily concerned with actual fighting as infantry, artillery, etc.

Army (field army). The largest military unit, a temporary or changeable organization which includes a headquarters, two or more army corps, and special troops.

Attached medical personnel. Those officers and enlisted men of the Medical Department added to regiments and separate battalions composed of troops of arms or services other than medical.

Basic relay post (BRP). The relay post farthest to the rear in an ambulance shuttle where the bulk of the unemployed ambulances are dispersed awaiting use.

Battalion. A military organization consisting of a headquarters and two or more companies. It is analogous to squadron in air corps and cavalry.

Bivouac. A temporary resting place for troops, without permanent facilities, for shelter or sanitation and exposed to attack by hostile forces, actual or simulated.

Camp. A temporary or semipermanent station for troops located beyond the activity of hostile ground forces, actual or simulated.

Casualty. An officer or enlisted man who becomes unfit for duty in battle or a campaign because of enemy action, illness, accident, or other cause resulting in death, desertion, capture, wounding, or illness.

Channels of communication. The succession of officers or headquarters through which a communication passes between addressor and addressee.

Command channel. Successive higher headquarters, such as company commander, to battalion commander, to regimental commander, to division commander, etc., or regimental surgeon to regimental commander to division commander.

Medical channel. Successive higher surgeons such as battalion surgeon to regimental surgeon to division surgeon, etc.

Classes of supply. All supplies delivered to troops in the field are divided into five classes as follows:

Class I. Items used at a uniform daily rate such as rations, water, forage, etc.

Class II. Items listed in the Tables of Organization and Tables of Equipment such as vehicles, rifles, litters, etc.

Class III. Motor fuels and lubricants.

Class IV. Miscellaneous items not listed in Tables of Equipment such as lumber, barbed wire, etc.

Class V. Ammunition.

Clearing. The process of disposing of casualties of a division or comparable unit. Treatment is incidental. Clearing is not to be confused with hospitalization.

Collecting. The removal of casualties from aid stations, their preparation for further evacuation, and their delivery to a clearing station.

Combat zone. That part of the theater of operations in which active operations of combat units are conducted. Specifically, the area occupied by the field armies between the front line and the forward boundary of the communications zone.

Communications zone. That part of the theater of operations containing establishments of supply and evacuation, lines of communication, and other agencies required for the immediate support and maintenance of the entire forces in the theater of operations. It includes all territory between the rear boundary of the theater of operations and the rear boundary of the combat zone.

Command post. The place occupied by the commander of a unit and the forward echelon of his headquarters, for the purpose of exercising command and facilitating operations.

Company. A military unit ordinarily consisting of a headquarters and two or more platoons (60 to 250 or more men) which is usually commanded by a captain. It is the lowest administrative unit. Analogous to the battery in the artillery and the troop in the cavalry.

Corps. A tactical unit comprising a headquarters, two or more divisions, and corps troops capable of conducting a major operation. Also, a designation for certain branches of the service as Quartermaster Corps, Medical Corps, etc.

Credit. An allocation for a definite quantity of supplies which is placed at the disposal of the commander of an organization for a prescribed period of time.

Definitive hospitalization. That hospitalization capable of caring for patients until they recover. "Final" hospitalization as in a general hospital.

Definitive treatment. That treatment which includes generally accepted procedures necessary to ultimately produce recovery of the patient, as the repair of a perforated intestine at an evacuation hospital.

Dental Corps. A branch of the Medical Department made up of commissioned dentists.

Depot. Supply establishments maintained primarily for the purpose of receiving, storing, and distributing supplies. They may be charged with other procedures such as repair of equipment, procurement, etc.

Detachment. A unit which departs from standard military organization in one or more of the following ways:

1. By being a temporary organization formed from other units or fractions thereof, extemporized for some special purpose, as detachment of patients in a general hospital.

2. While a permanent, authorized and autonomous unit, by being too small or too dispersed tactically to justify the inclusion of all necessary administrative overhead such as cooks, as a medical detachment, infantry regiment.
3. By being of a different branch from the organization to which attached, as medical detachment, infantry regiment.

Medical detachment. Tables of Organization for each regiment and separate battalion of every arm and service, except medical, include a detachment of medical troops. The term "attached medical" may convey an erroneous impression of this relationship to the organization they serve. By definition, both a battalion and a regiment are units composed organically of troops of a single arm or service. For this reason, any component of a battalion or regiment made up of troops of other arm or service must be attached rather than assigned. However, the medical detachment occupies the same relative position in the unit as a company, troop, or battery.

Echelons of medical maintenance. See Medical Depot Company Combat Zone.

Echelons of medical service. See chapter 1.

Echelons of motor maintenance:

First echelon. The first echelon of maintenance is performed by the vehicle driver and his assistant. The responsibility for it rests upon the driver's immediate commanding officer. The maintenance work that the driver performs is commensurate with his knowledge and training. It consists of the daily care that any driver gives his vehicle. This includes proper driving; washing; cleaning; lubricating, except for certain parts; tightening of nuts, bolts, screws, and studs; preparing the vehicle for operation and inspections; caring for the tools and equipment; and servicing, which consists of replenishing the

fuel, lubricating oil, cooling liquid, battery solution, and air in the tires. Drivers may make emergency repairs. First echelon work is simple and any soldier can learn it. Despite the simplicity of the work, this is a most important echelon. Adequate driver's maintenance will do more to prolong the useful life of a vehicle than any other single factor.

Second echelon. The second echelon of maintenance is performed by company and battalion or regimental mechanics. The responsibility for this echelon rests upon both the company commander and the battalion or regimental commander. The degree of responsibility which rests upon the two commanders depends upon the method of employing the mechanics, the skill of the mechanics, and the equipment, tools, parts, and time available to them. In garrison and in bivouac, it is more practicable for the battalion or regimental commander to pool his maintenance facilities and to assume the responsibility for all second echelon work. In this case, only the first echelon of maintenance is the responsibility of the company, battery, or troop commander. All of the second echelon of maintenance is then the responsibility of the battalion or regimental commander. Under combat conditions, however, the pooling of facilities is not feasible because the units may be and usually are widely separated. Under these conditions, the company mechanics remain with their companies and perform as much of the second echelon work as their skill, equipment, supplies, time, and the tactical situation permit. The second echelon work that the company mechanics cannot perform is accomplished by the battalion or regimental maintenance section at the unit motor park. When the companies are separated and

the maintenance facilities are not pooled, the company commander is responsible not only for the first but also for that part of the second echelon work that his mechanics are able to perform. The battalion or regimental commander is responsible for that part of the second echelon work that the company mechanics cannot perform. Second echelon work consists of lubricating certain parts of the vehicle, such as the water pump, the transmission and differential gears, the steering gear, and other parts that require special lubricants, special equipment, or special training. It consists of tightening and adjusting the moving parts, the making of minor repairs, the replacing the minor unit assemblies and accessories, battle-field recovery, the performance of scheduled maintenance operations, and the performance of maintenance and technical inspections. This echelon supplies the first echelon with parts and supplies such as light bulbs, fuses, and lubricants. It evacuates disabled vehicles to the unit motor park. This work requires skilled mechanics, special tools and equipment, and a small stock of supplies. It supplements the driver's maintenance and, through inspections, provides a means of determining the quality of the first echelon work. By means of this system the company, battalion, and regimental commanders are able to supervise and check the maintenance procedures that are being carried out within their units and to take corrective measures before serious damage results to their fleets of vehicles from neglect or faulty practices.

Third echelon. The third echelon of maintenance is that performed by medium and light maintenance units. Medium maintenance units are assigned to divisions other than the infantry

division, to corps, field armies, ports of embarkation, and to Army Service Forces installations in the zone of the interior. The work is performed under the direct supervision of motor maintenance officers. The responsibility rests upon the commanding officers of the organizations and ports to which these maintenance units are assigned. In the case of these vehicles not assigned to tactical organizations or ports, the responsibility rests upon the Commanding General, Army Service Forces. Third echelon work consists principally of unit replacement; that is, unserviceable unit assemblies are replaced by serviceable ones that are carried as a part of the third echelon stock of supplies. It supports and extends the facilities of the first two echelons by making repairs that require the use of mobile shop equipment and the employment of highly skilled mechanics. It supplies parts, unit assemblies, and accessories to the second echelon. It overhauls accessory unit assemblies and sub-assemblies. It is charged with battlefield recovery in support of combat organizations. It evacuates disabled vehicles to third and fourth echelon shops. It performs technical inspections. Light and medium maintenance units are highly mobile to support properly the several organizations they serve. Extensive and time-consuming repairs are not undertaken by them. Only when it is obvious that repair or replacement of a unit or part is all that is required, that the unit or part is in stock, and that the repair or replacement can be readily accomplished, does the third echelon attempt to perform the work. In all other cases, the vehicles are evacuated to a fourth echelon shop. Highly skilled personnel, special tools, special mobile equipment, and a fairly large but mobile stock of supplies, parts, and assemblies are required by this echelon.

Fourth echelon. The fourth echelon of maintenance is performed by semimobile heavy maintenance units. Heavy units are assigned to task forces, to theaters of operations, to oversea bases, to the War Department reserve, and to Army Service Forces installations in the zone of the interior. The work is performed under the supervision of motor maintenance officers. The responsibility for this echelon rests upon the commanders of the organizations to which these units are assigned. In the case of those heavy maintenance units in the zone of the interior that are not assigned to a tactical organization, the responsibility rests upon the Commanding General, Army Service Forces. Fourth Echelon work embraces the tearing down of vehicles and rebuilding them from serviceable assemblies and parts. It includes, also, major and minor repairs to unit assemblies, and emergency overhaul of major units. It supplies parts and assemblies to the lower echelons. It is charged with battlefield recovery in support of light and medium maintenance units. It salvages and reclaims usable parts. It performs technical inspections. Heavy maintenance units may be operated in the field but are much more efficient if they are located in buildings. Garages, factories, machine shops, and similar plants are ideal for the fourth echelon units to utilize. Large numbers of highly trained officers and men, large amounts of heavy, special, and expensive equipment, and large stocks of automotive supplies are needed by this echelon.

Fifth echelon. The fifth echelon of maintenance is performed by base shop personnel. Base shops are assigned to theaters of operations, to oversea bases, and to the zone of the interior. The work performed in the base shops is supervised by highly trained motor maintenance of-

ficers. The responsibility for the fifth echelon of maintenance rests upon the commanders to whom these shops are assigned. In the case of those base shops that are not assigned to a tactical organization, the responsibility rests upon the Commanding General, Army Service Forces. Fifth echelon work includes repair and rebuild of major unit assemblies, general overhaul, salvage, reclamation, and supply to the lower echelons. It may rebuild vehicles under emergency conditions. It operates motor base parts depots for the storage and issue of automotive equipment. Fifth echelon shops are fixed shops. They require permanent buildings in which to work and store their supplies. Highly trained officers and men, great amounts of heavy, special, and expensive equipment, and large stocks of supplies are needed by the fifth echelon.

Medical Department officers are responsible for only the first two echelons of maintenance. As company and detachment commanders they must be capable of training their drivers in the proper operation and care of the vehicles. They must be able to supervise intelligently the work of the drivers, section leaders, mechanics, and transportation sergeants. They are required to maintain certain records. They must know the condition of their vehicles and report to the next higher commander those defects which cannot be corrected within their echelons. Medical battalion and regimental commanders supervise the first echelon of maintenance and are responsible for all or part of the second. They are responsible for obtaining automotive supplies and equipment for their units. They must be capable of supervising the motor maintenance section. They are responsible for certain records and reports. They are responsible for re-

porting to the next higher commander all defects which cannot be corrected within the second echelon. To exercise their responsibilities and perform their duties properly, commanders must make or cause to be made frequent inspections of their transportation. Army Regulations require that three types of inspections be made:

Command inspections. These inspections are made by company, battalion and regimental commanders at such times as they deem necessary or advisable. They are of two classes: formal and informal.

Maintenance inspections. These are a part of the scheduled maintenance operations and are performed by the personnel of the using organizations. *Daily inspections* are made by the section chiefs under the supervision of the unit officers. *Weekly inspections* are made by the section chiefs under the supervision of the unit officers. *Lubrication inspections* are made by transportation sergeant after all lubrication operations. *Monthly or 1,000-mile inspections* are checks on company maintenance. They are made by a company officer assisted by qualified enlisted personnel after the monthly or 1,000-mile maintenance operations have been performed. Records of these inspections are required to be kept. *Six months or 6,000-mile inspections* are checks on the battalion or regimental maintenance. They are made by the battalion or regimental motor officer assisted by qualified enlisted personnel after the 6 months or 6,000-mile operations have been performed. Records of these inspections are required to be kept.

Technical inspections. At least 10 percent of the vehicles of a command are given a technical inspection every 6 months without prior notification of the responsible commander. These

inspections are made by personnel of a third or fourth echelon shop. They serve as a check on the first and second echelon of maintenance. Another important purpose of the technical inspections is to enable the higher commanders to learn the actual condition of their vehicles. Following such an inspection, the vehicles may be repaired and retained in service or may be salvaged, whichever best serves the interest of the Government.

Technical inspections are also required to be made upon transfer of vehicle accountability, except in a theater of operations. The inspection is made by personnel of the transferring organization, except when the vehicle is being turned in to a supply service when the inspection is made by personnel of a third or fourth echelon shop. The purpose of conducting technical inspections upon transfer of a vehicle is to determine the actual condition of the vehicle and to place responsibility for damage, improper maintenance, and loss of parts and accessories.

Echelons of veterinary service. See chapter 1.

Emergency treatment. That medical treatment administered by any officer or enlisted man of the Medical Department prior to definitive treatment.

Equipment issued any field organization. Such items as gas masks, camouflage nets, entrenching shovels, whistles, flashlights, first-aid kits, goggles, gas curtains, etc., which are issued to every field organization no matter what its specific function.

Equipment list. A list of organizational equipment which includes technical (medical) items necessary for the organization to perform its function. Thus "Unit equipment, Station Hospital, Communications Zone (100-bed), 97315" includes medical equipment necessary to operate a 100-bed station hospital. The equipment list is listed as one item in the Table of Equipment for the organization and in the Medical Department Supply Catalog.

First aid. That medical treatment administered by any officer or enlisted man of any branch other than the Medical Department to himself or to another.

Fixed. Designed to operate in the same spot over a considerable period of time. Tactically not designed to move from place to place, as fixed hospital or fixed laboratory.

Liaison. Close touch maintained between units or establishments by officers or enlisted men to interchange information and insure cooperation.

Log. A chronological list of events pertaining to a unit or installation, specifically a list of patients admitted to a medical installation with data as to organization, diagnosis, disposition, etc.

Medical Administrative Corps. Officers of the Medical Department commissioned to fill administrative (not medical) positions in Medical Department units and installations. No medical education required.

Medical Corps. A branch of the Army consisting of officers of the Medical Department who are graduate Doctors of Medicine and commissioned in the Medical Corps.

Medical Department. A part of the Army Service Forces consisting of The Surgeon General and assistants, enlisted men of the Medical Department, and officers of the Medical Corps, Dental Corps, Veterinary Corps, Army Nurse Corps, Medical Administrative Corps, Pharmacy Corps, Sanitary Corps, contact surgeons, and commissioned physiotherapists and dietitians.

Message center. The agency at a headquarters or command post charged with the receipt, transmission, and delivery of all communications pertaining to the headquarters or command post.

Mobile. Capable of moving or being moved from place to place and designed to operate tactically in that manner.

Noncommissioned officer. An enlisted man holding a grade between that of first class private and war-

- rant officer, by virtue of a warrant or order issued by proper authority.
- Nurse Corps (Army).* Female officers of the Medical Department who have graduated from a recognized nursing school and are appointed in the Army Nurse Corps.
- Organic.* Assigned to and forming an essential part of a military organization. Organic parts of a unit are those listed in its Tables of Organization.
- Pharmacy Corps.* Officers of the Medical Department who are graduate pharmacists and commissioned for administrative duties in Medical Department units and installations.
- Portable.* Capable of being carried by an individual.
- Port of embarkation.* Any port established by the War Department for embarkation of troops and supplies and designated as such in general orders. The port includes staging areas, ammunition back up storage points, prisoner of war camps, and animal depots.
- Port of debarkation.* Any port established by the War Department for debarkation of troops and supplies and designated as such by general orders.
- Railhead.* A point on a railroad in the theater of operations at which supplies are unloaded and from which they are distributed by other means (truck). The railhead is usually far enough forward to permit division trains to refill at that point.
- Regiment.* A unit composed of a headquarters and two or more battalions. All personnel (except those "attached") are of the same arm or service. Analogous to an air corps group.
- Registrar.* An officer of the administrative division of a hospital charged with the preparation of sick and wounded records and reports.
- Regulating station.* A place on the line of supply and evacuation, specifically on a railroad, at or near the rear boundary of the combat zone, where the movement of troops and matériel to or from the combat zone is controlled.

Rolling reserve. A stock of supplies (usually an estimated 3-day supply) carried by service elements of divisions to sustain activities of division troops till supplies can be obtained from depot or railhead; as the supplies carried by the division medical supply section of the medical battalion, infantry, division.

Sanitary Corps. Officers of the Medical Department qualified in a professional field but not doctors of medicine.

Separate. A company or battalion not an organic part of a higher organization; thus, a company not part of a battalion, a battalion not part of a regiment.

Service. A branch of the Army primarily concerned with performing a service for the fighting branches (arms) as Quartermaster Corps, Medical Corps, etc.

Semimobile. Specifically, having enough vehicles to move approximately half the unit at a time.

Sick call. Specifically, a bugle call announcing the time for the assembly of all sick and injured, other than those in the hospital, for the purpose of reporting to a medical officer who sorts them into those needing hospital care, those needing quarters rest, and those to return to duty.

Squad tent. A tent 30 by 16 feet supported by two center poles, having walls 4 feet high and having a capacity of approximately 20 litters or 12 folding cots. Used by all branches.

Staff. A group of officers provided for the purpose of assisting a commander in exercising his command functions. The group is supervised by the chief of staff (executive officer).

General Staff. That part of the staff of divisions or larger organizations which deals with personnel matters (G-1), intelligence (G-2), plans and training (G-3), and supply and evacuation (G-4).

Special Staff. That part of the staff of divisions or larger organizations other than the general

staff. It includes certain technical specialists and heads of services such as chemical officer, engineer, ordnance officer, provost marshal, signal officer, surgeon, chaplain, finance officer, judge advocate, etc.

Personal staff. Officer or officers assigned to certain general officers for the performance of duties as assigned by the general officer (aides).

Unit staff. The staff of organizations smaller than a division such as battalion, regiment, or brigade. Sections are comparable to those of the general staff and are designated as S-1, S-2, S-3, and S-4. Surgeons of these units are staff officers comparable to surgeons on the special staff of divisions and higher units.

Supply point. Depot, railhead, truckhead, or other installation at which supplies and matériel used by the Army are received, stored, and distributed. (Abbrev: SP)

Surgeon. A special staff officer of a commander who advises on all medical and sanitary matters. He may also command the medical unit of the command. Every battalion and higher commander has a surgeon on his staff.

Table of Allowances. Tables which show the allowances of equipment authorized for posts, camps, and stations. Such equipment is not usually taken with a unit into the field or on change of station. (Abbrev: T/A.)

Tables of Basic Allowances. Tables showing the authorized basic allowances of equipment for units and individuals. (Abbrev: T/BA.)

Tables of Equipment. List of items of equipment authorized to be taken with an organization on change of station and into the field. The Tables of Equipment do not include all expendable items, ammunition allowances, or items of individual clothing, and equipment. (Abbrev: T/E.)

Tables of Organization. Charts showing the number, grades, ranks, and duties of the personnel and the prescribed weapons and vehicles of military units. (Abbrev: T/O.)

Tables of Organization and Equipment. (Abbrev: T/O & E.)

Task force. Temporary grouping of units under one commander, formed for the purpose of carrying out specific operation or mission.

Technician. Enlisted man doing work requiring specialized training, for example a dental technician.

Rating for enlisted men doing specialized work. Technicians may be of third, fourth, or fifth grade. A technician third grade has a rank equivalent to that of a staff sergeant and has equal pay and privileges. However, a technician third grade is outranked by a staff sergeant regardless of length of service. A technician fourth grade is equivalent to a sergeant in the same way and a technician fifth grade to a corporal. (Abbrev: tech.)

Theater of operations. An area of the theater of war necessary for military operations and the administration and supply incident to military operations. The War Department designates one or more theater of operations.

Theater of war. Those areas of land, sea, and air which are or may become directly involved in the conduct of the war.

Truck head. Point at which supplies are unloaded from trucks, and from which they are distributed or forwarded by other means of transportation. (Abbrev: trk. hd.)

Veterinary Corps. Graduate veterinarians commissioned as officers of the Medical Department.

Ward tent. A large tent 16 by 50 feet supported by four center poles, with side walls 4 feet high used by hospitals in the theater of operations primarily as wards.

Zone of the Interior. That part of national territory not included in a theater of operations.